HYPNOTISM

AND ITS APPLICATION TO PRACTICAL MEDICINE

BY

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AUTHORIZED TRANSLATION
(FROM THE GERMAN EDITION)

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TOGETHER WITH

MEDICAL LETTERS ON HYPNO-SUGGESTION, ETC.

BY HENRIK G. PETERSEN, M.D.

THIRD IMPRESSION

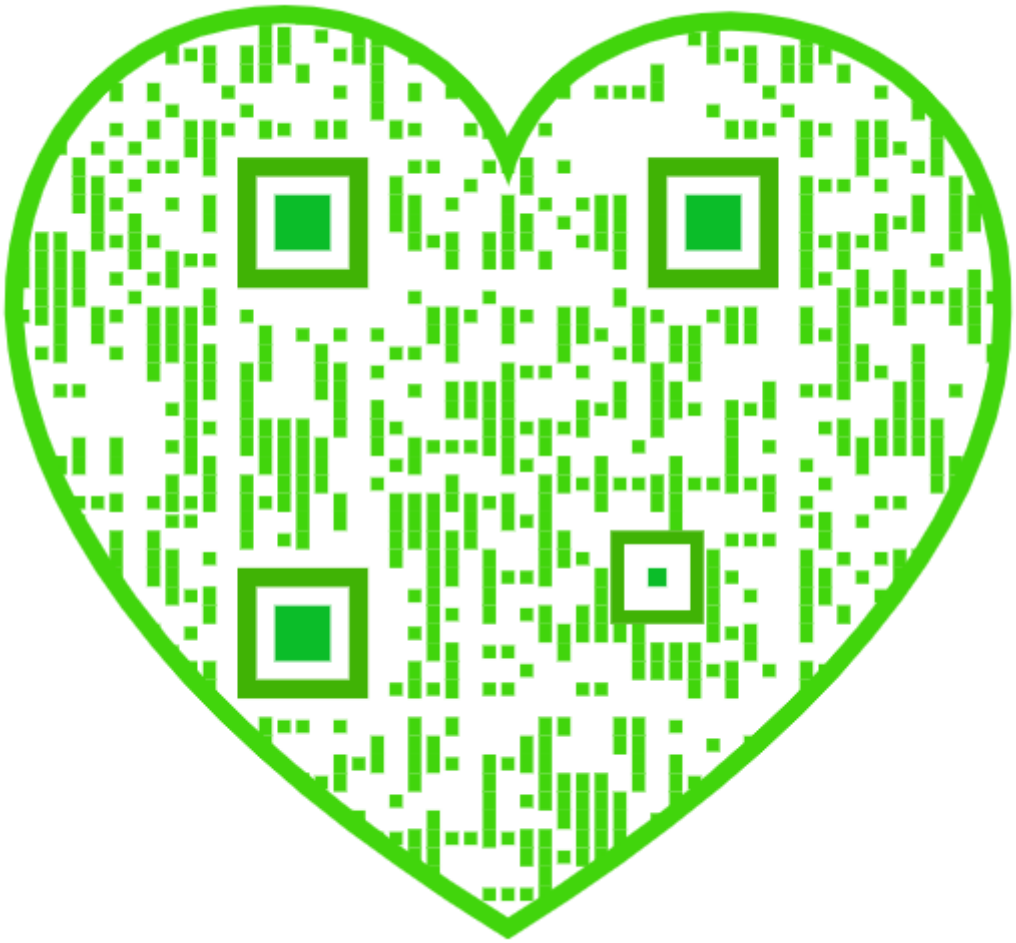
G. P. PUTNAM'S SONS

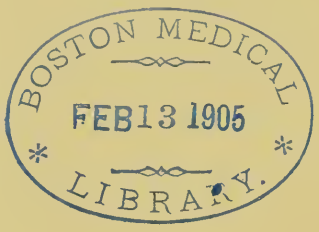
NEW YORK
27 WEST TWENTY-THIRD STREET

LONDON
24 BEDFORD STREET, STRAND

The Knickerbocker Press

1902





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The Knickerbocker Press, New York

TO THE HIGHLY ESTEEMED

DR. LIÉBEAULT

IN NANCY

IN PROFOUND ADMIRATION

DEDICATED BY

THE AUTHOR

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AUTHOR'S PREFACE TO THE ENGLISH EDITION.

THE following work, which, thanks to Dr. Petersen of Boston, now appears in English, consists of unpretentious notes by a physician who, under the pressure of a fatiguing and engrossing practice, has not been able to develop his rich material into a more complete form. However, I am well aware that this attempt of mine has aided greatly in making known and in proving Liébeault's method in Germany and in German-speaking countries.

I am also indebted to it for the pleasure of seeing a great many German physicians in my Stockholm clinic, the majority of whom now employ in their native places the treatment with which their visit to me made them familiar. I can say the same also of Russian physicians. It is my sincere wish that the English edition may likewise help to make generally known a method which, inaugurated by so meritorious a man as Dr. Liébeault, and proved and recognized by such men as Professor Bernheim, Professor Forel, etc., is now making its way throughout the civilized world. Therefore, I cannot adequately express my gratitude to my colleague for his willingness to translate this work, which now appears in four languages.

It has not been my intention to write a manual, or text-book, but simply to allude to the value of a therapeutic agent and a method which so strikingly illustrate the truth of the words: *l'esprit gouverne, le corps obéit.*

OTTO G. WETTERSTRAND.

STOCKHOLM, November 9, 1896.

AUTHOR'S PREFACE TO THE GERMAN EDITION.

THE following work first appeared in the Swedish language in the "Hygiene," a periodical of the Swedish Medical Society. The German edition, which I here offer the public, appears, however, in an enlarged form, as I have added the experience of the last two years. In the publication of this work, I cherish the hope that it will aid in creating recognition for a method of treatment which worthily follows the other processes of healing in practical medicine. May my German colleagues, into whose hands, perhaps, this little work may fall, not without testing reject a method which, through the investigations of Liébeault, Bernheim, Forel and others, has found a constantly increasing recognition among those physicians who are not blinded by prejudice.

OTTO G. WETTERSTRAND.

STOCKHOLM, October, 1890.

TRANSLATOR'S PREFACE.

DR. WETTERSTRAND'S work has appeared in both Swedish and German, and a Russian translation, by Dr. N. Dal, was published in Moscow, in 1893.

The English-speaking medical profession to whom it is now presented, will undoubtedly recognize the value of Dr. Wetterstrand's work as fully as their European colleagues have done. More practical than theoretical, it offers the results of conscientious and able observation in what is today an important branch of medical science. We ought not, however, to forget that theories must necessarily be experimented with, before their intrinsic value in relation to facts can be ascertained. Nevertheless, it is also true that from facts have often been evolved theories, and this reversed position may, perhaps, be looked upon as the more fortunate one.

Such is preëminently the case in regard to hypno-suggestion, which is far stronger in its facts than in its theories, and, therefore, although still subject to investigation, it receives the increasing support of studious physicians. Today the modern physician must study psychological causes and effects. The nature of his life's work makes this imperative. He must adopt that which observation and experience prove to be the best under existing circumstances, and never meet such aid with any prejudiced questioning into its origin.

He who professes the healing art is, first of all, a *physician*, and from that standpoint alone, and as such, his duty is principally toward the sufferer who confides in him. By clinging subserviently to his own methods, utterly neglectful of anything better, he gives countenance to an error. He must be broad-minded enough to approach any theory, but, at the same time, also, be conscientious enough to choose that one which is not only right but practical,—regardless of his system, but not of his duty. To fight windmills is not expected of him, neither should he flit whimsically from one idea to another, nor stagger under the burden of his own or another's obstinacy.

By taking position in the ranks of advancing progress, his part becomes that of an educator. Intelligent and lucid dissemination of psychological medicine is needed, we must confess, in this country, where more than elsewhere, perhaps, such knowledge has long been riotous or apathetic, presented either by enthusiastic ignorance or by a too confident conservatism. We need now to make our laboratory and text-book psychology a living factor in daily life and a practical aid to the sufferer.

The way to obtain this result is through the physician's private and clinical work here as abroad. The public will then understand that our progress is truly their benefit and renounce their often absurd ideas upon the subject. Our own medical literature will then be able to offer us a work like that of Bernheim, or this of Wetterstrand.

With the latter I can but express the sincere wish that the medical profession at large may judge of this therapeutic agent by personal experience, and I do not doubt that their conclusion will be as satisfactory as has been my own during a period of about five years.

HENRIK G. PETERSEN.

85 NEWBURY ST., BOSTON,
January, 1897.

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HYPNOTISM AND ITS APPLICATION TO PRACTICAL MEDICINE.

INTRODUCTION.

Par la pensée nous portons dans notre cerveau la santé et la maladie, la faiblesse et la force, nous créons en nous le calme et la tempête aussi facilement parfois que nous faisons succéder dans la nuit la lumière aux ténèbres.

Liébeault.

THE word *hypnosis* embraces a number of various conditions of the nervous system, which can be produced in different ways. We recognize phases of the greatest variety, from a slight heaviness in the limbs, the most superficial somnolence enabling the hypnotized subject to hear and perceive the least noise, to the deepest sleep, from which the greatest disturbances cannot awake him, and wherein every sensation disappears and permits the most serious surgical operation without pain, a condition, in fact, of which Ovid's words, "*gelidæ mortis imago*," are an appropriate illustration.

The majority of people, it seems, can be brought into any of these conditions. According to Liébeault's experience during 1880, only twenty-seven remained unaffected out of a thousand and eleven,[1] and of three thousand one hundred and forty-eight persons that I have hypnotized since January, 1887, but ninety-seven failed to respond to my suggestions. These numbers compare very well with the statistics of van Renterghem and van Eeden, in Amsterdam, giving nineteen failures among four hundred and fourteen cases.[2] It happens, sometimes, that a person who on one day has remained uninfluenced, will on the next, or a few

[1] Bernheim, *De la suggestion et de ses applications à la thérapeutique.* Paris, 1888, p. 27. See also authorized edition of the same, translated by Herter, New York.

[2] Van Renterghem and van Eeden, *Clinique de Psychothérapie suggestive.* Bruxelles. 1889, p. 57.

days later, become an easy subject. For this reason, I consider as correct Liébeault's opinion that nearly every one is susceptible, although the depth of the sleep varies with different individuals.[1] Forel corroborates this, and he emphasizes that only certain momentary psychic conditions can prevent hypnosis.[2] Moreover, I have not found that difference in temperament plays any particular rôle in producing hypnosis, nor the fact of the subject's being male or female. Contrary to the general belief, I will remark that nervous persons are often exceedingly difficult to hypnotize. Beaunis[3] calls attention to this, and the opinion which some Paris physicians hold, that hypnotism in most cases is connected with hysteria, is entirely baseless. It must be remembered that in the Salpêtrière School the hypnotic phenomena are studied continually and exclusively on hysterical, and, in general, always on the same subjects, who, consequently, have thereby obtained a high degree of training, while the Nancy School has experimented with people of all ages, both healthy and diseased.

I myself have studied the hypnotic phenomena only for therapeutic purposes, and have never found them associated with hysteria. One of the best somnambulists I ever met, was a healthy girl, seventeen years old, who never had been ill a single day, as was indicated by her splendid physical appearance. She was extremely suggestible, and executed, even in the waking state, any suggestions made. She was susceptible also to what Bernheim calls negative hallucinations, and could carry out a suggestion very punctually a fortnight later. Neither have I myself, nor has any one else, ever noticed in her the least trace of nervousness or latent hysteria.

The character is of greater importance than the temperament. If noble motives predominate over lower and merely personal ones, if the person is earnest, and, above all, confiding and believing, then such qualities will be found particularly favorable for hypnotism. Those people, on the contrary, who possess too great a tendency to scepticism and criticism are less impressionable. Again, those who have an almost morbid imagination or remarkably reflective power cannot fix their thoughts for a certain length of time upon one object, and are, therefore, equally unable

[1] Liébeault, *Du sommeil et des états analogues.* Paris, 1866, p. 29.

[2] Forel, *Der Hypnotismus, seine Bedeutung und seine Handhabung.* Stuttgart, 1889, p. 17.

[3] *Le somnambulisme provoqué.* Paris, 1887, p. 10.

to concentrate them within the space of simple and limited ideas. In the first place, this is due to the feebleness of their intellectual capacity, and on the other hand to their will, which often, involuntarily, perhaps, exercises too great a control over the psychic processes. Consequently, such persons are but little or not at all impressionable. It is difficult, if not absolutely impossible, to make any impression upon nervous, restless and egotistical people, and those who are not accustomed to control themselves, or upon spoiled and capricious natures, who, at the same time, enjoy, in a certain sense, their invalidism. I have known several who, although at first they gave me a great deal of trouble, proved eventually to be good somnambulists. The intelligence does not play any particular rôle, nor does the will, so far as my experience goes, either with energetic or irresolute persons.

I may assert that most people can be hypnotically influenced by a rightly adapted method. Nevertheless, both patience and perseverance are sometimes required. For instance, I finally succeeded in hypnotizing a lady of about forty after having endeavored, in vain, seventy times to do so, and thus alleviated her severe sufferings of more than twenty years' standing. Often, patients believe that they are going to fall asleep at once, but that is exceptional, and an effect is generally obtained only after three or four attempts, and frequently, more become necessary. On the other hand, some people are so susceptible that they are put to sleep almost instantaneously.

I have repeatedly observed that persons, who had already been successfully hypnotized, have often, later, shown no susceptibility whatever. I remember, for instance, a clerk, whom, on a certain occasion, I found it impossible to hypnotize even in spite of his being a good somnambulist and although, previously, I had made him sleep very easily. The reason for this was that his mind was so vividly impressed by the one thought of being late at his office, that this idea prevented my suggestion from taking effect.

Age is one of the most important factors. All children from three or four to fifteen years are, without exception, susceptible. Up to the age of thirty the susceptibility is particularly great, and then it diminishes, without, however, disappearing entirely. Very aged persons also are hypnotizable. A lady of sixty-nine, who had been suffering for years from *incontinentia urinæ diurna et nocturna*, was cured by me in one treatment.

But how are we to proceed to produce hypnosis easily and quickly? If we adhere to the explanation first given by Liébeault,[1] that sleep is the result of a psychic act, the answer is not difficult. We tell the patient that sleep will most probably cure his disease, and that he will enjoy a quiet, refreshing slumber, which all can get under the same circumstances and without any disagreeable after-effect. We ask him to sit down and to concentrate all his thoughts upon sleep. Then, while fixing our eyes upon him, we suggest a heaviness in the lids and the limbs and an increasing impossibility to move. Continuing to speak about sleep and its symptoms which soon are to make their appearance, we finally say that they are already there. (In the case of most people, sleep has come in less time than is needed to write these lines; others, who prove less susceptible, resist longer.) He is then told that the sleep, or even the lightest slumber, is beneficial, and if that state be not obtainable, we make him witness the result upon one or two, who previously have proved good subjects, and we often gain thereby our purpose. Sometimes we succeed in hypnotizing a person who two or three times before had resisted our efforts. There are some people, who, in spite of all methods, cannot be brought into the hypnotic state. Are there then for these no means of increasing their susceptibility or of breaking their involuntary resistance? They are found in chloroform, as Dr. Rifat[2] in Saloniki first suggested. We also remember an essay by Dr. Herrero, Professor of the Medical Faculty in Valladolid, presented at the First Hypnotic Congress, wherein he affirms that a person, after having previously been chloroformed, while acted upon by suggestion, can always be made somnambulistic, whether he resists voluntarily or involuntarily.[3] This I can but partly corroborate, as I have not always succeeded even with chloroform, although it has aided me in some important cases. I will, later, give some illustrations proving how some persons have become good somnambulists by the use of chloroform, who, previously, had completely lacked all susceptibility.

There are several other methods. Those just mentioned are employed by the Nancy School, and are minutely described in Bernheim's work upon suggestion. Whatever method one prefers

[1] *Le sommeil provoqué.* Paris, 1889, p. 284.

[2] *Revue de l'hypnotisme*, vol. ii., p. 297, etc.

[3] *Premier congrès international de l'hypnotisme expérimental et thérapeutique.* Paris, 1889, p. 318.

to use, it is always the concentrated attention and thought which call forth the hypnotic phenomena. Braid recognized this, and has given a detailed view of it in the second chapter of his famous work[1] upon hypnotism in its therapeutic aspects. He states that merely by fixing the eyes, the thought becomes concentrated and, as it were, riveted, but between the concentration of the thought and the catalepsy, anæsthesia etc., in short, between thought crystallization and the deep general revolution of the organism which results, there is a wide abyss, the depth of which Braid and many after him have attempted to span, but with what result? Binet and Féré, the latter a pupil of Charcot, mention in their work[2] a number of physical agents which influence the senses and are effective in producing the hypnotic state, but the far more important psychic side to the question they do not emphasize sufficiently. Liébeault and Bernheim later, have demonstrated that sleep itself is nothing but a phenomenon of suggestion. This had already been discovered by a Portuguese priest, Abbé Faria,[3] in 1815. He had succeeded in putting to sleep a great many people, about one or two among every ten persons, by the mere word of command spoken in a very peremptory manner. Durand de Gros (Philips) had also given this as his opinion a few years before Liébeault.[4]

It is not my intention to give any detailed description of the different phases which we observe in hypnotized subjects, as the only aim of this work is to call attention to the use of hypnotism in the treatment of various diseases. My experience fully agrees with that of Liébeault and Bernheim. In the latter's work, will be found a description perfectly true to nature, and reference to it will prove satisfactory. I have never been able to substantiate the presence of those three stages which, in the opinion of the Salpêtrière School constitute the "great hypnotism," while the so-called "little hypnotism" makes its appearance exclusively in Nancy and, according to my observation, also in Stockholm.

I will briefly outline the five different degrees which Liébeault[5] distinguishes in hypnotic sleep.

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[1] Braid, *Neurypnology or the Rationale of Nervous Sleep.* London, 1843.

[2] *Le magnétisme animal.* Paris, 1887, p. 62, etc.

[3] *De la cause du sommeil lucide.* Paris, 1819, p. 192, etc.

[4] *Cours théorique et pratique de braidisme ou hypnotisme nerveux.* Paris, 1860, p. 32, etc.

[5] *Revue de l' hypnotisme*, vol. i., p. 199, etc. *Le sommeil provoqué.* Paris, 1889, p. 289, etc.

The *First Degree* is characterized by a certain sleepiness and heaviness. The patient remains quiet, hears and comprehends all that is going on; there is no catalepsy.

The *Second Degree* shows a deeper effect. The patient cannot open the eyes, cannot move a limb. The most characteristic feature is the catalepsy, which Bernheim has shown to be of a purely psychic nature.

The *Third Degree* demonstrates automatic movements of the subject. He cannot stop a commenced rotatory movement of the hands, unless told to do so.

The *Fourth Degree* places the hypnotized in rapport with his hypnotizer exclusively, whose voice alone he hears, and he remembers nothing except what the hypnotizer has told him.

The *Fifth Degree* presents the somnambulistic state, and here we distinguish between a superficial and a deeper one. The anæsthesia is here greatest, permitting operations to be performed without any sensation of pain. Also in this stage, the hypnotizer stands exclusively in rapport with his subject. Upon awaking, the amnesia is complete, but the hypnotizer, and nobody else, can recall to the memory of the subject what took place during hypnosis. The remarkable effects of suggestion present themselves in this state with what could be called almost lightning-rapidity. Neither could I, nor could the physicians in Nancy perceive that the chief characteristic in the lethargy was the neuro-muscular hyperexcitability of which Charcot[1] and his pupils so frequently speak. The phenomenon is exclusively of a suggestive nature.

Bernheim describes nine hypnotic stages, but with Fontan and Ségard,[2] Forel,[3] Moll,[4] van Renterghem, van Eeden[5] and others, I believe that, for all practical purposes, only three stages suffice, and in the following combination: the first one comprising Liébeault's first and second; the second one, his third and fourth—and, the third one, his fifth. The very next step seemed to be to employ verbal suggestion for therapeutic purposes, but the merit of having first proposed this belongs to Liébeault. That method consists in impresssing the patient with the thought of his cure, and in assuring him that the symptoms of his disease

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[1] "De l'hyperexcitabilité neuromusculaire," *Archives de Neurologie*, 1881–1882.

[2] *Éléments de médecine suggestive.* Paris, 1887, p. 14.

[3] *Der Hypnotismus*, etc., p. 33.

[4] *Der Hypnotismus.* Berlin, 1889, p. 29.

[5] *Clinique*, etc., p. 24.

are disappearing, so that he will no longer perceive them. In this manner the appetite returns, the pain disappears, the muscular strength increases (demonstrated by the dynamometer), and the pulse beats diminish, as sphygmographically proved. We often succeed at the first attempt, but sometimes several efforts are needed. The patients can not and should not be treated all in the same way, and, therefore, the physician's psychological experience has here a very wide range. Some are to be approached sternly, others mildly, this one must be reasoned with, and that one, more susceptible, submits, perhaps, at once to the therapeutic suggestion. As already remarked, the effect from suggestion shows itself to be greatest during the somnambulistic stage, but one can produce surprising therapeutic effects, also, during the more superficial sleep.

Suggestive therapeutics is by no means a panacea, and Braid himself does not present it as such. It succeeds very frequently in cases where other methods have failed, and, as Bernheim[1] says, often it produces miracles, to which statement any one, who has had experience, will agree.

I shall now pass on to describe some diseases and morbid conditions, in which I have employed hypnotism with the greatest result. My communications do not pretend to claim any completeness, my intention being merely to call the attention of physicians to this, in many instances, indeed, strikingly verified method of cure.

Let the following facts, then, speak for themselves. I have culled from my notes, as impartially as possible, both successful attempts and failures.

I.—INSOMNIA AND OTHER DISTURBANCES OF SLEEP.

Experience confirms what might already have been expected, that especially the disturbances of sleep belong to those pathological phenomena upon which psycho-therapeutics exercise a most decided influence. I sincerely believe that there is no better remedy for insomnia than hypnosis, and that it is absolutely harmful to prescribe soporifics, because they only strengthen the invalid's belief that he cannot go to sleep without the accustomed dose. Experienced physicians such as van Renterghem and van

[1] P. 233.

Eeden[1] share this opinion. By hypnotic suggestion, however, the sleepless person learns so to control his sleep, that it becomes possible for him to sleep whenever he wants to, as I will illustrate later.

Sleeplessness is no disease in itself, but a symptom of disease. It may be present in all diseases and commence and end with them. However, it is not *that* kind of insomnia alluded to here. In phthisis and many other chronic diseases, as will be seen from some cases which I will quote, I have often produced sleep in hypnosis. The reader can find all particulars in Lyman's[2] and especially in Macfarlane's[3] great work, where he describes the diseases which produce insomnia and the causes. I speak only of that insomnia which, in itself, embodies the whole disease, where the organism shows no sign of any disease whatever, and where the most careful examination fails to discover the least organic disturbance. That kind of sleeplessness is very frequent in our days, and is caused by over-exertion in struggling for the daily bread, by restless work, long-continued psychic emotions, sick-bed nursing, sorrow and distress etc. The psychic method is, under such circumstances, the only right one, which can, and really does produce a successful result. One can thus by mild, friendly, and consoling suggestions make real Macbeth's demand:

> "Pluck from the memory a rooted sorrow,
> Raze out the written troubles of the brain,
> And, with some sweet oblivious antidote,
> Cleanse the stuff'd bosom of that perilous stuff,
> Which weighs upon the heart."

In such manner the disturbed equilibrium of psychic life is re-established, and sleep returns of itself.

This is no empty phraseology. I have treated by hypnotism forty-two cases of insomnia, of psychic origin, and all possible methods had, in most of them, been resorted to with no success. Only in eight of them did I fail, and of this number five were tried only twice, but it must not be inferred that they were non-susceptible to the hypnotic influence. More frequent experiments were certainly made with the other three, but the attempts were by no means frequent enough to use these cases as examples of

[1] P. 21.

[2] *Insomnia and Other Disorders of Sleep.* Chicago, 1885, p. 38, etc.

[3] *Insomnia and its Therapeutics.* London, 1890, p. 89, etc.

unsuccessful treatment of insomnia by psycho-therapeutics. It is necessary to proceed with patience and perseverance, and not to think that the aim has been reached by producing a light slumber. The first case which I will cite not only shows the cure of insomnia, but explains also the suggestive therapeutics by the practice of which it is especially necessary to prevent the patient, as much as possible, from making himself hurtful auto-suggestions. Bernheim and Forel both call attention to this.

1. Lotten H. forty-nine years old; widow. Lost her husband after a long illness some years ago. She nursed him and felt the loss very keenly. A very obstinate insomnia was the result, and neither bromide of potassium, chloral, nor other remedies were of any use. She came to me April 15, 1889, and I could not discover any physical disturbance, except that her restless, anxious manner attracted my attention. Nevertheless, she was not what is called nervous. Her insomnia was then of three years' duration. She had previously been hypnotically treated by a physician, but he had succeeded in producing only a very superficial somnolence, and no natural sleep. During her first visit, she felt merely a slight bodily heaviness, but the next day I succeeded in bringing her into a real hypnotic condition. I obtained this by more and more energetic suggestions, which conveyed to her the idea that she could neither lift nor let fall her arms as soon as she had become cataleptic. Finally local anæsthesia was produced, and after that she had a feeling as if she possessed no will and had been sleeping. When proceeding in this manner in regard to individual opposition, it takes but a short time to conquer involuntary resistance. Natural sleep was gained after eight visits, and after fourteen the sleep was completely normal, and has remained so.

Although it may be considered, as a rule, that hypnosis is induced with far more difficulty when the natural sleep is disturbed, or when it is uncommonly light, especially when insomnia is present, it may yet be said that it is not generally connected with so much trouble as in the case quoted. The following case required considerably less effort.

2. Carl A. fifty-seven years old; civil engineer. The patient had had a stroke seven years before, which left paresis with contracture of the right arm and a slight paresis of the right leg. His condition remained unchanged for about six years. Insomnia commenced about three years after the stroke; he was able to go to sleep, but woke up

one or two hours later and could then sleep no more. He did not know the cause of this, but it might have been financial troubles. I saw him for the first time November 8, 1888. After a few minutes, he was in a profound sleep, and ever since has enjoyed good slumber. Although the insomnia in this case was cured even during the first visit, I treated the patient, nevertheless, a fortnight longer, as I have sometimes noticed that where the treatment suddenly ceases, the insomnia then returns within a short time because the patient has not yet learned how to sleep. It was, therefore, done in this case to prevent relapse. I have but to add that the paresis and contracture remained as before.

In both the cases which I shall now relate, chloroform was made use of, as it is more than probable that at least in one case, I should, otherwise, have secured the desired result only with the greatest difficulty.

3. Erik T. thirty-eight years old; merchant. The patient was a pale, lean and very nervous man. He could not fall asleep before three, four, or five A.M., and even then his sleep was disturbed and superficial, so that the least noise awakened him. On his first visit January 4, 1889, I employed my usual method of suggestion, but four treatments produced no effect. I then used chloroform, under the influence of which the suggestibility rose to such a degree that he became one of the best of somnambulists. He learned to sleep at any time, and showed several of my other patients how easy it was for him to fall asleep at a certain, previously determined, moment. I have not heard from him since he returned home, but I have every reason to believe that his sleep continues to be satisfactory.

In the next case, also, I made use of chloroform from the very first, although there perhaps, it may not have been necessary.

4. Sigrid K. thirty-five years old; married. Insomnia for seven years. As a rule can go to sleep in the evening, but awakes after a few hours, and remains so the rest of the night. Her appearance was that of a healthy and strong woman, and she knew of no cause for her insomnia. After only a few moments, she was in a light somnolence, which, by the aid of a few drops of chloroform, changed into somnambulism. She was cured after only one visit. At first, she used to recall the odor of chloroform when retiring, and obtained, at once, a deep sleep. Later, she did not need to do that, but sleep came whenever she wanted it, and lasted as long as she had suggested. According to what I have heard, her sleep still continues good.

I will not weary the reader with more examples, as those already cited must suffice. My experience leads me to the conviction that we possess in suggestive therapeutics, eventually aided by chloroform, one of the most excellent curative methods for insomnia dependent upon psychic causes, and that no other means can compare with it in regard to certainty and harmlessness. Whether this kind of therapeutics can be used also in acute diseases connected with insomnia, my present experience does not warrant me to say, but I believe I have reason for supposing so. In a case of nervous fever, I have seen insomnia, restlessness and occasional delirium disappear after only one suggestive treatment. The quiet sleep thus produced lasted six hours and the symptoms had disappeared as by magic when the patient awoke. This convalescence progressed with no interruption.

I have treated three cases of lethargy, of which two were cured. The most difficult of these was the following:

5. Victor A. thirty-three years old; merchant. The patient was a robust, strong man, but suffering from a chronic bronchitis. He had hardly stepped into my waiting-room before sleep overpowered him. He was waked up after a while when his turn came. After having examined him, and having heard him relate how sleep would seize upon him at any time and anywhere, whether in the car, theatre, or even in the street, I asked him to sit down and sleep. Nothing more was needed to produce at once a snoring sleep. He returned home completely cured after a fortnight's treatment.

I have generally had good results in several cases where the sleep was disturbed by dreams and failed to refresh. Cases of natural somnambulism have not occurred in my practice, but undoubtedly also this morbid condition can be cured by suggestion.

Of course, every case of insomnia and its individual peculiarities must be carefully studied. The condition of the nervous system must be looked into to assure us where in the organism is the source of the insomnia. Macfarlane[1] has given good hints about this in his work in which, however, he dispatches the subject of suggestive therapeutics with few lines. It is by no means necessary that suggestive therapeutics should exclude any other treatment; on the contrary, surer and quicker results are often

[1] P. 66.

obtained when this treatment is combined with other means and methods, which, in individual cases, must depend upon the indications present. A gentle massage is used as a remedy for sleeplessness, and it seems beyond all doubt that the suggestion here plays the principal part, as it would be rather remarkable if the manipulations, which Dowse,[1] for instance, so well describes, should of themselves suffice to produce sleep. At least I would not be able to explain it.

II.—HABITUAL HEADACHE.

This disease is very common to-day in our restless life. Hardly a day passes that the physician is not consulted in regard to it. This makes it a subject of particular interest and of the greatest importance and, perhaps, the more so because the pathology is obscure and its curative remedy extremely uncertain. A patient, who suffers from headache thinks that no other pain is equal to it. There are people, who pass their days on the lounge or in bed, incapable of performing any kind of work. They declare that if the pain is to continue like that, life itself will become impossible for them. The painful brain substance, unapproachable through its bony wall, expresses its diseased condition only through the patient's complaints. The brain itself is not functionally disturbed, as is the case with the organs of the chest or abdomen, when these, either totally or partially, are attacked, and the cause of the pain cannot be removed as, for instance, a carious tooth. The pain continues, and it cannot be said with certainty whether it has its origin in the brain or in some other organ. Is the blood nourishment of the brain insufficient? Is the circulation normal or does the brain receive, perhaps, too much arterial blood? These or similar questions can be asked without enabling us to answer them in individual cases, as the same symptoms also present themselves under diametrically opposite conditions.

I understand by headache, pains which are accompanied by dread of light and noise, rendering the sufferer at the same time incapable of any active mental work. This pain is often, although not always, joined with anæmia, which betrays itself by a pale color of the face, weariness, lassitude and lack of energy and

[1] *Lectures on Massage and Electricity in the Treatment of Disease.* Bristol and London, 1889, p. 260, etc.

interest in any work. Such headaches often last the whole day and may be so violent that the unfortunate sufferer is driven to despair and feels his life a burden. It is mostly women, and, generally, those of nervous temperament, who are the sufferers. Day[1] called this headache nervous, and we think it a very appropriate term. The pain may possibly depend upon peculiar changes in the brain cells. I have treated a great number of such cases by hypnotism, and the results were generally favorable. The following examples will illustrate my experience.

6. HANNA B. nineteen years old; single. The patient suffered from violent headaches every morning. She was unable to do any work during the forenoon, but was somewhat better in the afternoon, although not entirely relieved. Her countenance was not pallid like that of an anæmic person. The gastric symptons, which appeared at rare intervals, excluded their being the cause. She was hypnotized for the first time the 1st of May, 1887, in all six times, and was perfectly well by the 19th of May.

7. EMILIA H. twenty-four years old; single. Had daily headaches for two years, became restless and sad with occasional tremor and palpitation of the heart. Always subject to depression. Was hypnotized only once, the 3d of May, 1887; result, fourth degree. She has since then remained free from all morbid symptoms.

8. ELISE R. thirty-three years old; married. For about eighteen months, daily headaches. The head felt to her ice-cold; she was dizzy at times to such an extent, that she crossed the street with difficulty from fear of falling; dull and tired, had poor appetite, showed no organic trouble, but was pale and thin. In the first hypnosis, May 3, 1887, I obtained somnambulism, and on May 9th she declared herself perfectly well, free from all previous symptoms, and as having good appetite. I saw this patient again in November, 1889, and she had in the meantime, remained well in every respect.

In the next case, no effect was obtained, as the patient was very little susceptible.

9. HILDA S. fifty-eight years old; married. Headache for about twelve years, although not daily. During the attacks she often kept her bed for several days in succession, and could hardly open her eyes; the least noise was painful. She was not pale, but very thin. Before I attempted to hypnotize her, I used arsenic, massage and electric

[1] *Headaches, their Nature, Causes and Treatment.* London, 1878, p. 142, etc.

massage with Granville's percutors, but saw no improvement whatever. I tried hypnotism May 6, 1887, but although I continued for a fortnight, it was impossible to bring her beyond the first degree. She felt no better and I ceased the treatment.

10. Anna L. twenty-two years old; single. A slender, thin girl. Had suffered from headache about a year. Another physician had prescribed arsenic and quinine but with no result. On the 8th of May, 1887, I hypnotized her the first time; somnambulism resulted, and by the 13th of May, she was perfectly well.

11. Lovisa H. thirty-nine years old; married. Daily headaches for five years, especially in vertical region. Somewhat pale and thin, but suffered from no organic disease. First hypnotized her the 10th of May, 1887; result, fourth degree. The headache had already disappeared on the following day and did not return. I saw the patient the last part of October, 1887, and her condition was satisfactory.

12. Lovisa H. forty-six years old; married. Suffered from headache ever since she was eighteen years old, mostly at vertex. She did not have it daily, but whenever it came, it lasted two or three days, and ended with vomiting. It sometimes left her for nearly two days, but the next attack was then more violent. She had to remain in bed, absolutely unable to rise. She was hypnotized for the first time on the 10th of May, 1887; somnambulism resulted. She was well by the 16th of June and remained so, as she told me on November 2d. The course of this cure is of great interest, because the headache returned rather frequently after her first visits, but the intervals became greater and greater, as if a fight went on in the patient's system, leaving the suggestion finally victorious.

13. Anna P. forty-six years old; married. Headaches ever since a child. Her appearance was pale and suffering, but no particular disease could be discovered. She felt a pain combined with heaviness in the head. She came to me on the 8th of February, 1888, and returned home cured after twenty treatments. I saw her again in January, 1890, and in the course of those two years, she had not had the least symptom of headache and, moreover, her previous sickly appearance had changed in her favor.

The next case is of great interest on account of the manner in which the headache originated.

14. Alexis W. nineteen years old; student. He had been magnetized in 1886 by the famous magnetizer Hansen, who made him the subject of a great number of experiments. As a result of these

indiscreet attempts, the patient fell a victim to extremely violent headaches, which finally obliged him to stop studying. Sometimes the pain was so excruciating that he became almost crazy, and often seemed to be quite irresponsible. A physician in Finland,—the patient's native land,—had tried to hypnotize him, but, curiously enough, without any success. Everything had been tried to relieve the pain, but in vain. He came to me the first time on the 20th of April, 1888. He was pale, with a restless, confused look, and complained of a heaviness in the head, accompanied by a violent pain, which sometimes decreased, but, as as rule, was very intense ; dizziness often made it difficult for him to walk. Nothing morbid could be discovered besides these symptoms. I put him, easily, into a profound sleep, and after a treatment of three weeks, he returned home greatly improved, although not entirely well. He came back to me on the 15th of September, 1888, and subjected himself to a fortnight's treatment, which completely relieved him from all headache. He again returned to his home and, according to his last letter in December, 1889, he did not suffer from any headache.

It would be altogether too fatiguing and too monotonous to give more examples of the treatment of this trouble by hypnotic suggestion. The number exceeds many hundreds and I have almost an incredible quantity of letters from persons whose headaches I have cured.

It is probably superfluous to say that I am well aware that headaches may depend upon different causes such as, for instance, syphilis, malaria, chronic arsenical poisoning, coryza, etc., and that I never commence an hypnotic treatment without previously having ascertained that the trouble could not be remedied in some other way.

I have treated a great many headaches in children, and, as a rule, with good result. As is well known, children often suffer from nervous headaches, and show, in general, the same symptoms as adults. Of course, children suffer also from neuralgic headaches, but of this I will speak under neuralgia. The nervous headache most frequently attacks school children, and it may be possible that the cause is due to overwork, although children who never have been to school are troubled in a similar way. I will mention a few cases.

15. MANI M. five years old. Headaches for three weeks, chiefly in the mornings and evenings. No appetite, fatigued and excitable ;

capricious, would not rise, but remained in bed almost the whole day. Looked somewhat pale, but suffered from no organic disease. I saw the patient on May 8, 1889, and hypnotized her. Somnambulism resulted, and she was well when she awoke. There was no headache the following days. The girl continued to feel well and in good spirits, looked happy, and played with her brother and sisters.

16. Agnes S. nine years old. At times, very violent, frontal and supra-orbital headache. From May 9th these headaches occurred daily, and the child was obliged to stay away from school. She came to me on the 14th and looked healthy and strong. No other pains but the headaches. She was hypnotized that day and the two following ones. Somnambulism resulted. The pains left her the last day, and she has since never had the least headache.

17. Ernst T. eleven years old. For two days so severe a headache that he could not sleep the last night. During my visit on September 7th, I found him groaning loudly, tossing to and fro, his hands clasped on the forehead, and unable to look up. The head was not hot, the pupils were normal and no fever. I hypnotized the boy as soon as I had satisfied myself that there was no disease of the brain or the meninges. Somnambulism resulted. On awaking, there was no trace of headache; the expression of his face had changed from a doleful to a cheerful one; he got up and dressed himself in my presence. His mother called the following day and said with great joy, that the boy had slept all night, and had gone to school as usual without any headache at all. I had become convinced that the child, even in the waking state, possessed a marked suggestibility, from the rapidity with which somnambulism was induced in his case. I could prevent him from opening his closed hand, remove it from mine, and his fingers, eyes and other parts of the body could be made insensible. A needle, pushed under the nail, was not felt, nor did he blink when touching the conjunctiva. Later, I shall demonstrate how this suggestive anæsthesia can be used for surgical purposes, even though the patient be awake.

Here I wish to call attention to the fact that if it is firmly suggested to the hypnotized person that he cannot be hypnotized by any other person but myself, or another physician, this invariably happens. An extremely sensitive person cannot, therefore, with such precaution, run the least danger of being hypnotized by somebody else, nor in the waking state be forced to perform any act. This suggestion must be made during the sleep when the impression is strongest and its effect most certain.

III.—NEURALGIAS.

Those neuralgias which occur, for instance, during or after *herpes zoster*, must be classified as severe ones. We all know of cases, generally in older persons, where *herpes zoster* and neuralgia continued for months, and even longer. I remember in particular a lady about sixty whom I treated several years for neuralgia as a result of a previous *herpes zoster*, but without obtaining any improvement.

Trousseau[1] speaks of a lady of seventy, who had *herpes zoster*, and who suffered intensely, especially at night, even fourteen years afterward.

I have myself seen an old man who, sixteen years after having been cured of *herpes zoster*, had almost daily intolerable pains in epi- and hypogastrium, and who was unable to find any remedy. Although *herpes zoster* in itself cannot be considered a dangerous disease, the prognosis is, nevertheless, looked upon as unfavorable on account of the later occurring neuralgias, particularly in older persons. Borsieri,[2] the greatest clinician of the eighteenth century, called attention to that fact.

18. Mathilda B. thirty-six years old ; single. She consulted me on the 11th of February, 1887, and complained of severe pains on the right side, under the hypochondrium. I anticipated that *herpes zoster* would soon appear, although I could not then perceive any. The next day I found my expectation justified. The pains were considerable in spite of the applied remedies, and there was no relief on the 17th and 23d of February. She could not lie down, but was obliged to sit up day and night on the sofa. The pains lasted all through February, but at the beginning of March, the eruption disappeared. Finally, the pains increased to such an extent, that by the 8th of March she was in absolute despair and declared that it would be impossible for her to endure them any longer. I then hypnotized her, and, in a few moments, she slept,—fourth degree. To her great surprise, when she awoke the pains had left her. Her former agonized features had changed to a joyful expression of great comfort. That night she enjoyed a calm and refreshing sleep, the first in three weeks. She experienced only a few times a stinging sensation in the side, but this quickly disappeared. I considered it best once more to induce hypnotic sleep, and

[1] *Clinique médicale.* Paris, 1868, vol. i., p. 210.
[2] *Institutiones medicinæ pract.* Vol. ii., p. 41.

it resulted in complete relief from her severe neuralgia. I saw her once after that in July, and she was perfectly well.

19. Agnes N. seven years old. This girl had suffered for three days with so violent a headache that the mother, who brought her to me on the 25th of March, 1887, thought that she had inflammation of the brain, as she had formerly lost a child from that disease. However, no other symptoms but headache were present in this case. The pains were mostly located over the eyes; recurred almost hourly; were generally dull and boring, but, at times, changed to a sensation as of quick knife-stabs starting from the supra-orbital nerves. The child could not sleep, and groaned and cried incessantly from pain. On pressure over the supra-orbital nerves, she complained of sensitiveness, but no other painful points could be discovered. The face was pallid; no fever. I hypnotized her immediately; result, fourth degree, and the pains were at once removed. For the sake of securing absolute permanency of effect, I hypnotized her twice more, and she then remained cured. I shall never forget the impression which this cure made on the mother.

The next case is of interest, as the cause of the neuralgia was carious teeth, but it, as well as the following case of toothache, was cured by hypnotic suggestion.

20. Hilma A. nine years old. Suffered from a particularly severe toothache during the last days of March, which finally prevented her from sleeping for several nights. Besides this, neuralgic pains of a very violent nature tortured her head, temples and back, so that she shrieked wildly day and night. Under such circumstances, sleep was impossible. The dentist was consulted, but the patient's excited condition rendered it difficult to extract the many carious teeth that caused the neuralgia. I saw the girl for the first time on April 1, 1887. She was then suffering from the most excruciating pains in the teeth, temples and occiput, with radiations toward the back and the shoulders. There could be no thought of extracting the teeth. I hypnotized her; somnambulism resulted. The toothache as well as the neuralgic pains had disappeared as by magic when she awoke. The pains did not return for a single instant. She was hypnotized twice after that.

The following case was an occipital neuralgia, and here, also, the result was as successful as it was immediate.

21. Sofia L. fifty-seven years old; widow. This patient had, for three weeks, very severe pains in occiput, and was at times obliged to re-

main in bed. The pain was felt particularly between the vertex aud the neck, and also in the occiput itself. It was with the greatest effort that she was enabled to see me on the 28th of March, 1887. She looked pale and suffering, complained of dizziness and of great pain in occiput. After being hypnotized twice, 28th and 29th of March,—somnambulism resulting—, she was completely relieved of all the symptoms, and felt as well as before.

22. JOHANN AUGUST A. thirty-one years old; driver. This man, whose former history as a patient I have related on another occasion (*Hygiea*, November, 1887, p. 680), suffered for many years from neuralgic pains in the head, temples and over the eyes. They occurred for about ten years, generally once a week, and sometimes every fortnight. They were often so severe that he had to remain in bed for one or two days. On the 3d of February, 1887, he was hypnotized at a moment of great suffering. He entered the first degree of hypnotic sleep and soon after into somnambulism. On awaking, all pains had disappeared. He came again the 20th of April, as the pain had then returned. Somnambulism resulted in freedom from pain. The pains recommenced on the 15th of August and the 5th of November. I hypnotized him on each of these occasions, and there is no doubt, that if he could have been hypnotized six or seven times in succession, for which, unfortunately, he had not the time at his disposal, the neuralgia would have entirely vanished. It was not necessary for him, after the first hypnotization, to stay in bed on account of the pain, and, afterward, he came to me immediately, whenever he felt the first symptoms of returning pain.

This case is of great interest, as it elucidates strongly the curative power of hypno-suggestion in regard to neuralgias.

The next one is that of intercostal neuralgia, which disappeared somewhat quickly and easily after suggestion.

23. CORNELIA A. twenty-one years old; single. She suffered for many years from daily and violent pains in half of the left side of the chest. She had consulted several physicians, but in vain. On her first visit to me, the 18th of August, 1887, I observed the following details. One point in the mammary line of fifth left intercostal space was very sensitive on pressure and from here, as well as toward the breast and back, the patient felt a horrible radiating pain. This had been there always and prevented her from sleeping. The sensitiveness of the point itself was so great, that the least pressure from her dress was unbearable. She was very much depressed, and despaired of ever

getting well as, in her opinion, she had exhausted all means and had used both massage and electricity without the least result. With but little hope, she subjected herself to hypnotic treatment. The next day,—the 19th of August—, the sensitiveness to pressure had disappeared, and she was free from pain the whole day, but had suffered for a short time on the preceding evening. She had now regained confidence, and with it hope. 20th of August : Yesterday no pains. She was hypnotized every day until August 26th, although she was well on the 19th of August.

I ought here to remark that this form of neuralgia is the most frequent, as Anstie [1] also emphasizes. It does not, however, as in this case, occur in younger and otherwise healthy women as often as in those who have nursed too long, or whose vitality has suffered greatly by a too profuse menstruation. It is widely believed that these neuralgias are connected with a diseased condition of the stomach, and the prescriptions of two physicians at least, proved that they considered that the pains in the above-mentioned case were caused by some gastric disorder.

Magitot [2] has lately described as *glossodynia* a condition of the tongue, known for a long time, which, according to his views, may occur in two forms, a rheumatic, that attacks the whole muscular system or only certain muscles, and a neuralgic, which affects one-half of the tongue, or the whole organ. This disease is very obstinate. I will illustrate such a case.

24. Hilma H. thirty-eight years old ; married. From the middle of March, 1887, this patient suffered for six weeks with most terrible pains in the right side of the tongue ; they were incessant so that sleep was impossible. This made her very nervous, and she believed that eventually she would have cancer of the tongue. She was growing very thin as she ate very little on account of the pains. She came to me on the 2d of May, but in spite of the most careful examination of the tongue, I could not find any diseased condition, although the patient complained of excruciating pains. I thought that a tooth might irritate the tongue, but could discover no sharp edges. I prescribed chlorate of potassium as a gargle. Two days later she returned, saying that the pain was as bad as ever. I advised her to see the dentist, who gave her a cocaine solution to apply to the tongue. In perfect despair she came to me several days later, as the pains continued with the

[1] Russel Reynolds, *A System of Medicine.* London, 1872, vol. ii., p. 747.
[2] *Gazette hebdomad. de Médecine.* 1887, No. 48, p. 682.

same vehemence. Hypnosis was then tried and a light sleep was obtained. As a result of this single attempt, she was absolutely free from pain. I have since seen her several times, and she still remains so. As I found her very suggestible, I induced the state which the older magnetizers used to call that of "charme," and assured her that the pains would return no more.

One may easily conclude that this trouble is very obstinate, from the fact that so many authorities (the latest being Magitot) have recommended for *glossodynia* many painful and unpleasant remedies, such as alkalies, bromide of potassium, hydro-therapeutics, hypodermic injections, cocaine, faradization, and finally, the employment of the galvano-cautery. As all these have failed, hypnotic suggestion, simple and efficacious, can only more strongly claim its share as a curative agent.

In two cases, however, and after several weeks' treatment, I have been unable to produce any amelioration, both on account of the patient's lack of perseverance and, perhaps, of my own, as it was in the beginning of my practice.

The following case of left trigeminus neuralgia, was particularly difficult, and resembled what Trousseau calls "*tic epileptiforme.*" After several weeks' treatment, however, a complete cure was effected, to the patient's great happiness.

25. AUGUSTA C. twenty-five years old; single. From her seventh year, she had felt, at least once a week, a severe pain in the left temple and in the region of the left eye. The attacks occurred with a peculiar regularity in the morning between four and five o'clock, and lasted until five or six P.M., when the pains, sometimes after violent vomiting, suddenly ceased, as by magic. She never felt quite well during the intervals, and assured me that she had never known what it was to be in good health. Her capacity for work was lessened, and she always felt tired and lacked both energy and interest, which undoubtedly resulted from her anæmic condition. She had tried all possible remedies and methods with no results. One physician had declared her incurable. She called at my office the first time on the 3d of September, 1887, after she had had an attack on August 28th. She was hypnotized, —third degree,—and somnambulism resulted on later occasions. September 22d: She had had no attack since August 28th; she felt much better and stronger. October 2d: The patient had, early in the morning, a slight attack, which lasted two hours and ended without vomiting. October 31st: She had had no attack since the last one mentioned; she was perfectly well and strong, and felt able to do any work.

I will now describe some cases of *tic douloureux*, the sufferers of which I have been so fortunate as to relieve of their year-long torments. The most noticeable are the following:

26. CLEMENTINE F. twenty-six years old; married. This patient I saw for the first time on the 2d of December, 1888. For fifteen years she had suffered from the severest facial pains. Twice she had undergone operations,—resection of the infra-orbital nerve and the branches of the anterior dental—, after which she had received some relief for a while, only to suffer the more keenly afterward. To dull the pains, she had used increasing doses of morphine hypodermically and when even these gave no relief, in absolute despair she called me in as a last resort. I found a pale, very much reduced woman, who complained of the most horrible pains around the left eye, left cheek, in the gums and teeth as well as in the left side of the upper jaw. At times, she felt a boring pain, then lightning, cutting pains in the whole face, the features of which were distorted from time to time. She suffered, in a high degree, from insomnia, inability to masticate, constipation, in short, from all the symptoms of chronic morphine poisoning. I obtained no result at all for the first fortnight, but, later, she gradually grew better and little by little her condition was somewhat improved during the spring and summer. Although she assured me that she did not use any morphine, the family informed me in the autumn of 1889, that she still continued to do so. I made her keep her bed, convinced that the pains, which had been much milder during all this time than before being hypnotized, would not disappear unless she was deprived of morphine. After almost four days of uninterrupted sleep, the morphine was withdrawn without the least difficulty, and she was entirely well at the end of December, 1889. She is now strong and healthy, sleeps well during the night and has not had the least return of her former horrible pains.

The following case was less difficult, and its curative result also much quicker.

27. CARL T. sixty-nine years old; merchant. This patient suffered from the same disease as the one described under No. 26, but the pains were not quite so severe. What really makes this case so interesting is that the patient entirely lacked hypnotic susceptibility and that I could do nothing at all, even by the aid of chloroform. Finally, I instructed his wife to suggest to him while sleeping, that he was to sleep whenever I ordered him to do so. This succeeded beyond all expectation, and he then fell into deep sleep without, however, any amnesia. He was cured

after a fortnight's treatment, commencing April 2, 1889 ; I have seen him many times since, and he continues in excellent health.

The patient, whose case I shall now give, was first hypnotized by Professor Hirt in Breslau, who, in the beginning of July 1889, visited me to study suggestive therapeutics.

28. JOHANN L. fifty-five years old ; mechanic. He had suffered nineteen years from *tic douloureux*, right side. He had formerly lived many years in Russia, and had been treated by physicians there without the least relief. The pains attacked him every second and third day. Professor Hirt hypnotized him on July 4th for the first time. Later I continued the hypnosis, and during my lectures on suggestive therapeutics in Stockholm in September, I could present him to my audience of about sixty physicians, as an entirely cured man. The effect proved lasting. I saw him, after that, in December and, later, in February, 1890.

A case of only three weeks' duration.

29. ANNA B. fifty-six years old ; married. *Tic douloureux ;* left side, pain very severe, almost day and night ; sleep disturbed. Healthy appearance. The patient was hypnotized for the first time on May 5, 1889, with immediate success. I judged it necessary to continue my suggestions, in all, ten times more.

The next case was one of a three-years-old neuralgia of the auriculo-temporalis.

30. HEDWIG V. H. twenty years old ; single. She looked pale and suffering. Every afternoon, exactly at four o'clock, she would have an attack of a most peculiar pain in the left temple. After an hour's duration, it would cease, leaving the patient tired and languid. I had the opportunity to observe her a few times when the pain commenced. The pain would bend her together convulsively, the jaws were set and her teeth grated. She implored the relief of a morphine injection. She felt pretty well during the forenoon, although she was constantly fearing the pains expected at four P.M. Had been for a long time unable to sleep except by using chloral. No trace of hysteria. I tried in vain six times to hypnotize her, until, finally, I instructed an older sister to get in rapport with her during sleep. The first two times she woke up, but toward five o'clock in the morning she remained asleep, and in that condition she promised her sister, with an audible " Yes," to go to sleep whenever I looked steadily into her eyes and ordered her to sleep. Both the sisters came to me at ten A.M. I

looked the patient steadily in the eyes, and she fell at once into a deep sleep. Asking her why she now slept, she replied that she had promised her sister. I naturally thought that I had gained an easy victory, but the result did not harmonize with my expectations. A few days later there was no need of chloral. The sleep was satisfactory, but the pains came with the old, cruel regularity. She got tired of my treatment at the end of three weeks, and consulted another physician. He advised massage. I believe she had this a week. As the effect was not satisfactory, she came again to see me. I put her to sleep at 3.30 P.M., believing that if she could sleep daily at the time when the pains appeared, she would get rid of them by degrees. She slept until 4.30 P.M. and then became very restless, gnashed her teeth and begged me, with agonized features, to wake her. At first, I did not pay any attention, but, finally, I had to do it.' What was now to be done? I suggested to her the next day that, as she was very musical, she should hear music during her sleep at four P.M. The pain stopped, her face became calm, and she listened, with evident delight, to an aria from *Mignon*. Then again she urged with great eagerness to be wakened as the music had ceased. I was greatly puzzled what to do, and yet strongly convinced that suggestions would finally remove all obstacles. It appeared to me then that my repeated suggestions in regard to a *complete* absence of pain, were really too great a demand. Instead of this, I now suggested that the pain should last five minutes less every day, and after four weeks I had the satisfaction of seeing her completely restored. She returned home in the beginning of June, 1888, free from her peculiar neuralgia and morphinism as well. Later, in the spring of 1889, I had the honor of presenting this young girl to his Royal Highness the Grand Duke of Baden, and to his body-physician, Hofrath von Tenner, who has twice visited my clinic. The last time I saw her was in September, 1889, and her health had continued excellent.

The next case belongs to those forms of headache which, besides nervous pains in the head, show symptoms of brain hyperæmia. It was one of the severest cases of this kind that I have ever met with, and although the patient is not, as yet, completely cured, I have not the least doubt of a successful result. I will, therefore, present the case for consideration. Let me say that I had tried in vain, more than seventy times in the spring of 1888, to produce hypnosis in this particular instance. In the autumn of 1888, she first became more susceptible, and now, in February, 1890, she is suggestible in a high degree, except so far as amnesia is concerned. I give here what she has herself written:

31. ESTRID O. forty-one years old; single. ". . . It is impossible for me to state, with any certainty, when my headaches commenced. When sixteen years old, I ran my head against a door with such violence that I fell backward and became unconscious. The pain decreased after a while, but I felt a steady pressure and a sore spot on the head. So far as I remember, I was then obliged, for the first time, to remain in bed a whole day. This was in the summer of 1865. The pains grew stronger every year, and worse in the autumn of 1868, probably because I had been sitting up a great deal for several weeks at my father's sick-bed. The medicine which I had taken until then, had now no more effect. I used electricity throughout the whole winter, as the pains had at that time attacked also the right arm, the back and the feet. I thought I noticed a slight improvement after a few months, but this disappeared, as the result of some great emotion. From that moment I am justified in saying that I never was entirely free from pain. I went to Rönneby both in 1874 and 1875, but could not take the waters there. The second summer the attacks were so violent that I commenced using hypodermic injections of morphine. I tried massage in the autumn for about nine months, but instead of doing me good, it rather aggravated my condition, as toward the end of the summer every new attack was accompanied by concussion of the nerves. I was much worse, however, in the autumn of 1878, when I had the sorrow of losing my mother. After that I suffered from constant pain, and my restlessness and insomnia increased in a most disquieting manner. The following summer I again tried massage, but I am obliged to confess, more to my discomfort than benefit. My condition was now so bad that I had to remain in bed several days in succession; the attacks were more frequent, and sleep became constantly less. I grew so sick during the winter that I had to consult a physician. After having tried all possible remedies for about two months without the least benefit, both the physician and myself tired of the experiment, especially as I perceived that he considered my case incurable. I then determined to abstain from all further attempts, until I heard of hypnotism. Without understanding its nature, I had nevertheless thought for a very long time, that if there ever should be a remedy for my diseased nerves, it would be the will of another person. able to control me, as I had now lost all power over myself. My condition was growing worse and worse. I had no peace day or night, felt such a hammering noise in my head and such a terrible sensation of fear, not to speak of the nervous pains and tremor, that I was afraid of becoming insane. December 28, 1887, I determined, therefore, to visit Dr. Wetterstrand, and, thanks to his great interest and inexhaustible patience, I can now entertain hope of a complete cure, as the pains

have decreased in a considerable degree, are less frequent, the restlessness almost gone, and the sleep greatly improved. After God, I cannot sufficiently thank Dr. Wetterstrand for his infinite patience."

This ends the chapter of neuralgias. I have had a number of similar nervous diseases under my treatment, and the result has, in general, been satisfactory. The remedy has, of course, now and then disappointed me, but it was generally due to the patient's non-susceptibility to hypnotism. The method has seldom been a failure when the patient slept soundly. Neuralgias are just that kind of diseases over which hypnotic suggestion gains its triumphs as, beyond all comparison, it acts more surely, and especially more pleasantly, than the usual methods of cure, massage and electricity.

IV.—PARALYSES OF ORGANIC NATURE.

Several authors, among others Braid, Bernheim, Fontan and Ségard, have described some cases of paralysis from cerebral hemorrhages, where psychic therapeutics has proved very effective. Bernheim [1] has explained in his work the manner in which we may consider this effect to operate. I do not intend to theorize further upon this point, but will prove by some examples that paralytic conditions, the sequence of cerebral hemorrhages, can often be improved by hypnotic treatment.

32. Carl B. sixty-one years old ; agriculturer. The patient had a stroke eight years ago, which resulted in a right-sided hemiplegia the symptoms of which did not subside. Several years later he had another attack which brought about the present condition. He could not walk, could not move the right limb, and had to be wheeled about. On my visit November 10, 1889, I noticed contractions of right limb in hip and knee joints, and the same in the elbow and the wrist of the right arm. The right limb immovable, the right arm useless, elbow and wrist flexed. The patient lay constantly on the lounge. Difficulty of speech. The face covered with an eczematous eruption ; constipated, depressed, and at times weeping profusely. He could move the limb after the third treatment. Its rigidity disappeared, it grew softer and so flexible that by the aid of a crutch he was able to move about the room without any further assistance. The arm, also, became more flexible, and the feeling of coldness in the afflicted extremities gave

[1] P. 571.

place to a pleasant warmth. After seventeen treatments, he was able to start for his home, and was greatly improved. His relatives, who were much astonished at the improvement in his condition, told me, later, that another stroke had proved fatal on the 6th of January, 1890.

The next case was completely cured almost after the first treatment.

33. AUGUST N. thirty-three years old; miller. He had a slight stroke about six years ago, leaving behind a slight hemiplegia. In the beginning there was aphasia, but speech returned after a while, and the lameness also disappeared, except in the arm. He came to see me on October 8, 1889. He could not lift the arm, which hung down powerless, and it was impossible for him to hold any object in the fingers. The arm and especially the hand were somewhat swollen, were cold and cyanotic. Many of my patients saw the man in this condition. I told him that probably in five minutes he would be able to move his arm and lift a chair. Neither he nor those present considered this possible. It so happened, however. After having slept eight or ten minutes, he could lift a chair with straight arm, put his coat on and button it, a thing that previously had been absolutely impossible. The paralysis had disappeared completely after six treatments, and no difference could be discovered in the muscular strength of the left and the right arm. The cyanosis and the swelling disappeared, and the normal temperature returned.

I have seen many cases in which the hemiplegia only improved and others where nothing could be done. In the case of a minister, who had had a stroke some years previously, no result was obtained except a daily, normal function of the bowels, which had been very constipated since the attack. I have witnessed great improvement in some cases of paresis in children after acute poliomyelitis, as the following will prove.

34. GUSTAV A. ten years old. The child had suffered for several years from a disease that we should diagnose as *poliomyelitis acuta*. This left him with a lameness of the right arm. I noticed on January 27, 1890, a slight muscular atrophy of the whole right arm. He could not button his coat, or open a lock, and was unable to raise his arm horizontally. He could not write because it was impossible to seize and hold the pen, therefore he learned to write with the left hand. He was a healthy and very intelligent child. After the first treatment, he could write clearly, and after the third, it became evident that he had

gained considerable strength and assurance. He can now use his arm and raise it much higher than before. On this occasion I must remark that massage and electricity had been used for a long period, without the least result. While before the hypnotic treatment he could hold the pen only with difficulty and produce but a few indistinct lines, after the first treatment he could write his name, although with great exertion and not very clearly ; while after the third treatment, the improvement was considerable, as the reproductions will show.

FIG. 1.

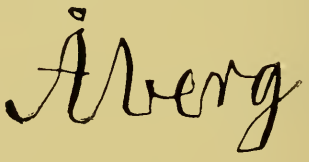

FIG. 2.

I have seen several similar cases, and van Renterghem and van Eeden relate a case where a girl of ten years, suffering from paresis and atrophy of the right leg, improved very much. I remember a case of *kyphosis*, where the complete paralysis of both limbs, symptomatic of compression of medulla spinalis, grew markedly better. He was a boy eight years old, whose limbs were entirely lax and motionless, and yet, after several weeks of hypnotic treatment, he was able to stand, move and lift them, although not able to walk.

V.—LOCOMOTOR ATAXIA.

I have observed in some cases a considerable amelioration of the disorders accompanying *locomotor ataxia* after having been treated hypnotically.

The sufferings of a woman, thirty-four years old, who had daily severe pains in the loins and gluteal region on both sides, were much reduced, and even ceased for several weeks. They returned, however, only to yield again to the treatment. In some other cases I have been unable to produce any effect.

VI.—EPILEPSY AND EPILEPTIFORM CONVULSIONS.

There is no doubt that epilepsy is occasioned by psychic causes. A boy had a first attack when missing a steamer where he was to deliver a letter, and also a young girl who came too late

to a bank, where she ought to have given an important communication. Hack Tuke relates in his work,[1] several cases in which exciting causes have produced the trouble, and the same does Moreau (de Tours).[2] Fear is undoubtedly a very common cause of epileptic attacks, and the mind in such cases is so sensitive to impressions, that the memory of the shock which the nervous system suffered, remains behind for a long time, and returns when the vitality of the nervous system is lowered. Tyrrel[3] has illustrated this with examples. Similar cases are mentioned also in the older medical literature. Van Swieten[4] speaks of a boy whose fear of a dog brought on an epileptic attack, which was repeated whenever the boy saw a dog or heard one bark. As, therefore, it must be acknowledged that epilepsy often has a psychic origin, one ought to acknowledge that psychic treatment in such cases has a possibility of doing much good. Tyrrel[5] regrets also that so little is done in this direction, and that other remedies are used rather too much.

Bernheim[6] has had an unfavorable experience with psychic therapeutics in old cases of epilepsy.

Braid,[7] who seems to be a particularly conscientious and close observer, reports four cases which have been cured by hypnotic treatment. One of these is very remarkable, as nine months after the treatment there had been no further attack.

I have personally treated by suggestion eighteen cases of epilepsy. Among these are two young women, who had the disease for at least five or six years. The treatment cured them and almost two years have elapsed without the slightest attack. A man of thirty, who had suffered for eight years from epilepsy, had only two attacks in 1889 and those were light. I will describe two cases more in detail.

35. Alfred L. eighteen years old. The patient had his first attack when eight years old. Its cause is unknown to him, but was probably fright. In the beginning, these attacks took place only between every

[1] *Illustrations of the Influence of the Mind upon the Body.* London, 1884, vol. i., p. 259.

[2] *La folie chez les enfants.* Paris, 1888, p. 371.

[3] *The Tonic Treatment of Epilepsy.* London, 1887, p. 75.

[4] *Commentaria in Hermanni Boerhaave aphorismos.* Vol. iii., p. 415.

[5] P. 93.

[6] P. 349.

[7] Cases Nos. 52–55.

second or third month, but, later, they increased in frequency, and in 1886, 1887, and 1888 they occurred once or twice, sometimes thrice, a week. I commenced the treatment in December, 1888. There being an opportunity to devote a somewhat longer time than usual to his treatment, I decided to give his case much attention. Somnambulism resulted the third or fourth time, and he has ever since been one of the best somnambulists that I have met. Nose-bleed could be produced, fire-blisters raised on his skin ; the number of heart-beats could also be reduced, but this I do not intend to describe with any detail, as I hope a physiologist, Professor Tigerstedt, who lives here, will conduct experiments with him in that direction. In the beginning, that means during the first three or four months, there seemed to be no change in the attacks, but it was then observed that his dulness gradually disappeared, his former tired expression became bright, his mind happier, and the pains and heaviness in the head ceased. Only in May, after almost six months of treatment, did the attacks become less violent and less frequent. On account of absence I had to interrupt his treatment on July 15th, in the beginning of which month he had an attack, but we recommenced toward the end of September. Up to the present date, April 4, 1890, the attacks have not returned, and he has now been perfectly well for almost nine months.

One might object that epilepsy has its periods of rest, and this I admit, but not in the case just quoted. The future will prove whether or not the patient has really been cured. So much is, however, certain, that this youth, a poor orphan, would have spent his life in the poor-house where his days would have passed in a gradually increasing stupidity had it not been for psychic treatment. He is now in a manufactory in Stockholm, and happy in gaining his bread, a fact of which he is very proud.

In the next case, there were violent epileptiform convulsions during eight weeks.

36. Anna J. eight years old. The attacks had been continuous for two months and the father told me that in one day he had counted one hundred and twenty. I have myself witnessed several, as the girl was brought to me for the first time on March 3, 1889, and I put her to sleep immediately after such an attack. She looked healthy, and neither I nor the physician who had previously attended her could discover any changes which, perhaps, might have been the cause of her distressing condition. Immediately after the first treatment, the attacks ceased and have not returned. I continued, nevertheless, to treat her for a fortnight longer.

I have had experience with many other similar cases, where after but a few applications of hypno-suggestive therapeutics, the attacks have disappeared completely, while previously, and for years, bromide of potassium and other remedies had been used without any effect. I believe, therefore, that it is most correct to employ suggestive therapeuties as soon after the first attack as possible, only one must not get discouraged but continue until the equilibrium of the disturbed nerve system has been re-established. There are, unfortunately, some forms of epilepsy showing traces of heredity, which psychic therapeutics is powerless to cure as well as cases due to organic causes.

VII.—CHOREA.

I have treated sixteen cases of chorea. The first one was a particularly violent, ordinary chorea, and I found it impossible to hypnotize the patient, a girl of thirteen years. Her eyes rolled about continually, and distorted her face so that I could not fix her attention for a single instant. By Goodhart's method [1] I succeeded in this case better than usual in calming the worst storm and producing sleep, whereby the duration of the disease was shortened. This method consists in abundant nourishment, one could almost call it cramming, and daily, general massage of the body. When the disease is less violent and one-sided, the so-called hemichorea, or if there still remain certain movements from a previous chorea, for instance, swinging of an arm or leg, twitchings of the muscles of the face, they can easily and surely be cured within a few weeks by suggestion, a fact that also agrees with Bernheim's experience.[2] I will relate the following case:

37. Elise H. nine years old. The parents had noticed that the child made certain peculiar movements with the right arm and foot for about fourteen days, and that her face also twitched on that side. At the same time the girl grew weaker and thinner, did not, as usual, play with the other children, but sat quietly by herself. Her temperament changed, she became irritable, and would weep on the least occasion. I noted the following on August 6, 1887: She is rather large for her age, pale, and somewhat thin, moves constantly to and fro her right arm and foot with slight twitches of the face. When she is asked to

[1] See *The Lancet*, 1882, vol. ii., p. 181.

[2] Bernheim, p. 349.

show the tongue, she does so with lightning rapidity, draws it back in an instant and again protrudes it as quickly. She is not quiet a single moment, in short, she manifests the usual symptoms of the so-called hemichorea. There is a sibilant, systolic sound at the apex of the heart, but no palpitation or enlargement. She was hypnotized every day from the 6th to the 17th of August, and the twitchings and movements of the limbs almost ceased. Her face resumed the expression of a healthy child of her age ; she became gayer, her general condition improved, and I heard later, that after her return to the country, where she lived, she soon became perfectly well. I have not been informed as to the condition of the heart.

The next was the severest case of chorea that I have ever seen. The patient had been eight months in the hospital, and as there was no improvement, she was consequently declared incurable.

38. Gunhilda W. twenty-three years old ; single. When I saw her for the first time, March 6, 1888, she had been suffering for two years. She was in bed and could not walk. She threw her arms about, and the feet were in constant motion while at the same time the facial expression changed incessantly. She was depressed, weeping frequently ; sleep very poor ; pale and a little stout. There was no heart disease. It had previously been impossible to hypnotize her, and in the beginning, my own efforts were failures, probably because she was so very anxious. She fell into a light slumber after the fourth trial, and, finally, she became somnambulistic after four more attempts. In a fortnight, she grew so much better, that she got up and came to my office. Toward the end of April, there were but occasional, slight twitchings in the arms, and in the beginning of May, she was perfectly normal. I have never met a better somnambulist. It was possible to produce a circumscribed redness of the skin and even blisters. G. W. continues in good health (February, 1890).

I will not assert that the next case was chorea, but as it manifested many symptoms peculiar to this disease, I will report it. This I can do the more willingly, as Weir Mitchell[1] calls such a case "habit chorea" and thinks it probable that children, who show such symptoms, sooner or later have chorea.

39. Axel M. eight years old. The child had recently become extremely nervous, wept on the least occasion, and was very restless.

[1] *Lectures on Diseases of the Nervous System.* London, 1885, p. 156, etc.

He was shrugging the shoulders almost every five minutes and sighed deeply afterward. He devoured his food with incredible rapidity, could not sit quietly, but turned the body from side to side. Every morning he would wake up at half-past five o'clock, very impatient, and very eager to go to school. His psychic condition was good and his intellect particularly well developed. I commenced the hypnotic treatment on April 24, 1887. Somnambulism resulted. I continued the treatment, at first, twice a week, and later, only once a week. He was perfectly cured of all the above-mentioned symptoms by the 4th of June. I have seen him a number of times since, and all nervousness has disappeared completely.

In connection with this case I will call attention to a very important point, that the suggestions must be given in a commanding tone, simply but firmly, and must never be contradictory so that one day this, and another day something else is ordered. The hypnotizer has to consider well what he says, as the suggestion fixes itself in a suggestible person's brain, as if written in letters of fire.[1]

At the present time, I have under treatment two cases of chorea, a girl of six years, in whom the disease has attacked the eyeballs, which she rolls constantly without being able to suppress their motions; also a girl of eight years, who constantly moves her head in all directions. They are both better, but not, as yet, absolutely normal.

Before closing the chapter on chorea, I wish to report the following peculiar case, which I observed in the beginning of the summer of 1887. It is not in reality a case of chorea, but as the movements characteristic of that disease are the most prominent ones, I will mention it.

40. Elsa N. five years old. I noticed on my visit June 5, 1887, that the child, who then had the measles, was very drowsy. Asking her to sleep, she said that she could not fall asleep unless her body were in a rolling motion. This was produced by the whole body, but principally by the trunk and head, and in such a manner that, lying on her back, she turned from one side to the other. This movement was at first slow, later more rapid, so that finally I had difficulty in distinguishing the features as the almost circular movement increased. She continued this for seven minutes, and then, stopping suddenly, slept quietly. I

[1] Beaunis, p. 201.

spoke with her the whole time, and asked her several times if she were soon going to sleep. All my questions were answered in a clear and precise manner. When at last perfectly quiet, she answered my question if she now slept, in the affirmative. The eyelids demonstrated that peculiar vibration so often observed in hypnotized persons. As it was evident, therefore, that she was in the hypnotic condition, I profited by the occasion to suggest severely the impossibility, henceforth, of making any such movements, and that from that moment she should go to sleep quickly and quietly like other children. This she promised. I visited her some days later, and was told that she had slept without previously going through the usual motions. Nevertheless, I hypnotized her after that,—in all four times—, and her mother told me on November 15th, that the child had been quiet ever since, and from July, had slept like other children. I believe that these movements originated when she was seven months old and cried a great deal, so that she could not be put to sleep unless the cradle was set in strong motion. Later, this became a necessity, so that when she exchanged her cradle for a bed, she could not sleep without giving her body a rocking motion.

Let me here remark that it is often very easy to get in rapport with sleeping persons, especially with sleeping children. This fact particularly is of great theoretic interest, as it demonstrates that hypnotic sleep really is nothing but natural sleep with the additional rapport. The following is the method of procedure: One hand is laid gently and carefully on the sleeper's forehead, while the other is passed over the body, and the individual is asked, in a low voice, to continue sleeping. On raising one arm, it will be found cataleptic, and this proves that the rapport between the hypnotizer and the sleeper has been established. Catalepsy is, according to Liébeault,[1] nothing else but a visible expression of the hypnotizer's thoughts willing that the sleeping person's arm shall remain suspended. When asked if asleep, the usual answer is "Yes," but this reply is not always immediate. An affirmative response is, however, generally the rule when the question is repeated a few times. I have often done this, and I have frequently succeeded when proceeding with care. It is easy to understand that such a method can be of great utility in many instances, as, for example, when sick children are awakened quickly on the physician's arrival, and then are cross and begin to scream.

[1] *Du sommeil*, etc. Paris, 1886, p. 58.

VIII.—SPASMODIC MOVEMENTS.

There is a disease, which formerly was called chronic chorea, and which resembles ordinary chorea in this that it most frequently attacks nervous persons. It consists in irregular, involuntary movements or convulsions of certain groups of muscles, especially of the face and the limbs. It differs, however, from ordinary chorea in the fact that it is always the same muscles or parts of muscles which are affected, that it is protracted and often lasts during the whole life. Its symptom-complex in the lighter forms is chiefly shaking of the head or corrugation of the eyebrows. I have known a person, the corners of whose mouth were in a continual quiver. These movements are sometimes more intense as, for instance, the stretching of an arm, or the incessant moving of the head. The afflicted persons are well aware of their infirmity, and feel annoyed by the ridiculous figure they make, but they are, nevertheless, unable to suppress the movements. If they are, however, able to do so, the effort is even greater and more disagreeable than the disease itself, if such a term can be applied to this trouble. I know a large family whose various members may be recognized by these peculiar movements of the eyes, head, body and a general nervous restlessness. These symptoms are more frequent in men than in women. I have treated several such cases. If they occur in young persons or in children, it is easy to cure them by hypnotic suggestions. I will describe such a case where the person stuttered as well, but this also was just as easily helped by hypnotic suggestion.

41. Carl J. ten years old. The patient had stuttered from the first moment he was taught to speak, but only of late years had his parents observed the symptoms which finally led them to consult me. The boy had incessant, spasmodic movements of the facial muscles. He would either make a wry mouth, raise the eyebrows and eyelids or move the lips rapidly; in a word, the mimic muscles were constantly active. The hypnotic suggestion commenced on the 24th of April, 1887. Somnambulism resulted. After six treatments, on the 6th of May, both stuttering, spasmodic movements and restlessness were all gone and he could sit perfectly quiet. His teacher told me on November 20th, that he had had no relapse.

The next case presents one of ten years' standing. All the remedies employed had been without effect.

42. GUNHILD A. twenty years old. This was a young lady of most remarkable beauty, whose features were greatly disfigured by convulsive movements of the face. Her mouth was in constant motion, her eyebrows were drawn together, and the face was without a moment's quiet. She was, otherwise, healthy and strong. When she came to me November 8, 1889, she expressed the opinion that if she could be forced not to think of the movements, they would surely cease to trouble her. In this I concurred. I made her arm cataleptic, as I sometimes do, when I have to deal with very sensitive subjects, and suggested energetically that it would be impossible for her to change its position. This succeeded, and I was thus, from the very first moment, enabled to induce deep sleep followed with amnesia in the waking state. The movements diminished considerably after the first treatment, and after ten repetitions, there were no more grimaces such as had disfigured her beautiful face for so many years.

IX.—STUTTERING.

During my treatment of Mrs. Marie M. thirty-two years old, on the 2d of April, 1887, I noticed, with great surprise, that this lady, who had stuttered since her childhood, and to such a degree that she often could not pronounce a single word, did not stutter at all when in the hypnotic state. She was an excellent somnambulist, and in that condition, able to converse with me upon all subjects and in the easiest manner. Like all somnambulists, she did not herself commence the conversation, but answered my questions. I could make her open the eyes, move about in the room, sit down at my desk and write and read without the least stuttering. One who has no experience concerning somnambulism, would consider her awake, but a simple experiment would at once convince him that she had no remembrance of what took place during her sleep. I told her to count to ten and when she had arrived at five, then to wake up and go on counting to ten, although awake. She obeyed punctually and counted to five without stuttering. She then opened her eyes, looked around her with astonishment, and went on counting to ten—stuttering. When asked with what number she had commenced, she always replied, "with number six." I have tried this experiment with many somnambulists, and always with the same result. I had the pleasure of presenting this lady on the 9th of October, 1887, to Professor Wising and other physicians, who honored me with a visit. I brought Professor Wising in rapport with the somnambu-

list, and she thus heard and answered him, but no one except him and myself. He asked her to stutter, but she firmly refused to do it, and maintained that she neither could nor would stutter. The idea which I had suggested to her that all stuttering had disappeared, was so powerful during the sleep, that it was absolutely impossible for her to stutter while somnambulistic. It would, of course, have been possible for me to make that particular suggestion, but it can easily be understood that I did not intend to make such an experiment. From that moment I devoted myself with the greatest interest to the study of this trouble, which seems to be very frequent, and in many instances exceedingly unpleasant. I have been consulted by people, who on account of their stuttering have been obliged to abandon their career, and been forced to occupy themselves in directions entirely distasteful to their nature. This trouble is, therefore, well worth a physician's attention. In all, I may not have treated for stuttering more than forty-eight persons. Many lacked perseverance, and I myself may sometimes have been lacking in that respect. The result of my efforts has, nevertheless, been encouraging. I will say nothing in regard to the pathology of stuttering, but refer those who are interested in it to Colombat's work and especially to his last published book.[1] Hypnotism proves,—at least in those cases which I have observed—, that stuttering has no organic origin, and this explains sufficiently why even the famous Dieffenbach finally admitted that an operation ought not to be performed except in those difficult cases of extraordinary stuttering, where every orthopædic-pædagogic treatment had been fruitless.[2]

The following table refers to cases which I have treated:

Men.

Twenty-seven years old; cured.	Eighteen years old; not improved.
Twenty-five years old; not improved.	Eighteen years old; not improved.
Twenty-four years old; result unknown.	Seventeen years old; improved.
Twenty-three years old; not improved.	Seventeen years old; improved.
Twenty-one years old; cured.	Sixteen years old; improved.
	Sixteen years old; improved.

[1] *Traité de tous les vices de la parole et en particulier du bégaiement.* Paris, 1843.

[2] Rohlfs, *Geschichte der deutschen Medicin.* Leipzig, 1885, vol. iv., p. 105.

Fifteen years old ; improved.
Fifteen years old ; not improved.
Fourteen years old ; improved.
Thirteen years old ; improved.
Eleven years old ; cured.
Eleven years old ; improved.
Ten years old ; cured.
Ten years old ; cured.
Ten years old ; cured.
Ten years old ; cured.
Ten years old ; improved.
Nine years old ; cured.
Nine years old ; improved.
Eight years old ; cured.
Seven years old ; cured.
Seven years old ; improved.
Seven years old ; improved.
Six years old ; improved.
Six years old ; improved.
Five years old ; cured.

Women.

Thirty-six years old ; not improved.
Thirty-three years old ; not improved.
Thirty-two years old ; not improved.
Twenty-five years old ; not improved.
Twenty-four years old ; not improved.
Twenty-two years old ; improved.
Twenty-one years old ; improved.
Twenty years old ; not improved.
Eighteen years old ; improved.
Eighteen years old ; not improved.
Thirteen years old ; improved.
Twelve years old ; cured.
Eleven years old ; cured.
Ten years old ; improved.
Nine years old ; not improved.
Seven years old ; cured.
Five years old ; cured.

Of the forty-eight patients who have been treated, there are thus fifteen who have been completely cured. I am convinced that the result would have been far more successful if the treatment had been prolonged, but I lacked the opportunity, as many other cases demanded my time and my interest.

The following is a natural question: "Is the result of such cures lasting?" Many of the persons mentioned in the foregoing list as cured, have informed me since that the stuttering had entirely ceased, but there are others concerning whom I have had no further information. The younger a child is,—five to ten years is the best age,— the greater is the chance of being cured, as this trouble is often combined with a nervous, restless, even violent and malicious temper, which the treatment generally changes to the very opposite. As a contribution to the progress of this method of treatment, I may be permitted to illustrate this by the following cases.

43. Agnes B. five years old. Considerable stuttering; a wild, malicious girl, who would stamp her feet when she could not get her own way, bite and scratch, throw herself on the ground and scream from rage. When other children quarrelled with her, it was even worse. The treatment commenced on June 2, 1887, and she was quieter the next day. By the 4th of June the stuttering had almost disappeared; she was now so amiable and contented that she seemed like another child. On the 8th of June, the mother said that her violent fits of temper had completely ceased, but that the stutter appeared occasionally. I saw the child several times in the autumn, and was convinced that she stuttered no longer.

The trouble with most of those whom I have seen, dated from early childhood, and in the above mentioned girl, from the time she first learned to speak. It sometimes arises suddenly in previously normal people. Kussmaul[1] speaks of such a case in his interesting work. He mentions a young man, who, after having saved another from drowning with great personal danger and emotion, commenced to stutter tremendously. I have not myself met with such cases.

The stuttering was not so bad in the following case.

44. Anshelm N. five years old. The patient was a lively, intelligent boy and perfectly healthy. He could speak very distinctly until three years old, when his parents noticed that he commenced to stutter from no apparent cause. He became very impatient, stamped his feet when unable to enunciate, but this made matters worse. Different from the girl already mentioned, he was of a mild and pliant temperament. At times he would stutter less, but, nevertheless, his family could perceive it. On the 19th of April I attempted to hypnotize him for the first time, and obtained a deep somnambulism. There was less stuttering on the following days; he was more patient, and paid more attention to his speech. After six treatments his stuttering had disappeared. I have seen him several times since, and the last time, the 21st of December, 1889, his speech was absolutely clear and distinct.

45. Frideborg K. six years old. This was a small, delicate, weak and very timid girl. When she first came to me with her mother, November 21, 1889, she hardly dared to look at me, and I could not make her speak at all. I succeeded, however, after her timidity had abated in making her talk with me. The stuttering was considerable, although not so very bad. According to the mother, she was very

[1] *Die Störungen der Sprache.* Leipzig, 1877, p. 232.

much afraid of dogs, and would weep whenever she saw one. I put her into a deep sleep and the stuttering diminished after the first treatment. After the seventh treatment, both her stuttering and her fear of dogs had disappeared. The mother told me, later, that the child sometimes, of her own accord, would pat dogs she happened to meet in the street. By the 16th of February, 1890, the stuttering was entirely gone.

I advanced the question, a moment ago, as to the durability of this method of cure. Although my experience is, as yet, too insignificant to permit me to give any decided opinion on this point, still, it may be said, according to all appearances, that it is possible to cure stuttering by hypnotism. Relapses will occur, and I will give my experience in that direction.

A girl twelve years old, who had been treated in the spring of 1887, and had been completely cured, again stammered at times, in the autumn. The parents did not wish her to receive further hypnotic treatment, as relatives had made them believe that such a method was highly dangerous, although this same girl had been cured by that very method of an anæmic condition, which had presented symptoms of headache, poor appetite, faintness and lassitude. There can not be the least doubt that the stuttering would have disappeared entirely after a few repeated hypnotic suggestions. In another case, a girl of eighteen years from Norrland, the parents were more enlightened, but my efforts were, unfortunately, not successful. I treated her during the summer of 1887. There were, in all, seventy-two treatments and the girl was, upon her return home, entirely cured, but, nevertheless, a relapse occurred. Her mother wrote me the following letter on the 14th of October, 1887: "I have delayed already too long to express to you my most cordial thanks for all the pains which you have taken in curing my daughter's stuttering. I wish that I could say that she is now as well as she was at that time, but this is not so unfortunately, as she has gone back to the same condition in which you found her. The improvement was for a long time so considerable that I believe it would have resulted in a permanent cure if the treatment could have been continued during the whole year. . . ."

This young girl stuttered in the highest degree. She had inherited the trouble from her father. It is possible that her mother's supposition would have proved correct, if the treatment could have been continued.

Finally, I wish to say that I am not the first one who has endeavored to cure stuttering by hypnotism, but I was not aware, when I made my first observations in regard to it, that Braid had already had his attention directed to it, since, in his works, he reports no case of that nature. Even Liébeault [1] merely alludes to its possibility. He speaks of a young man who stuttered as the result of a sudden fright, and says that it ceased entirely after he had been brought into that state which Brémaud has called "charme," exactly as it happened to Mrs. M., above mentioned, during somnambulism. Liébeault writes no more concerning this, and I do not know whether his observations have proved useful to him on later occasions.

I have, however, read in books and periodicals that several physicians, as, for instance, Ringier [2] in Switzerland and v. Corval [3] in Baden-Baden, have had the same experiences in regard to the usefulness of suggestive therapeutics in cases of stuttering.

X.—GENERAL NERVOUS DEBILITY (NEURASTHENIA).

I have treated hypnotically thirty-seven cases of this disease which is now so prevalent, and which has so often been cured in an excellent manner by Weir Mitchell's method. This disease is, as a rule, chronic, and its treatment, one of the physician's most difficult problems. The sufferers are mostly thin and often anæmic, partly on account of their dyspepsia, partly from disturbances of the assimilating processes in the organism.[4] Many other troubles are added, the symptoms of which point to weakness of the nervous system, such as, for instance, the most peculiar sensations, insomnia, headache, general pains, alternate heat and cold, depression, weeping, despair, till the sufferer finally becomes a burden to himself and to those around him. These unfortunate ones have had recommended to them fresh air, gymnastics, hydropathy, travels, tonics, stimulants of all kinds, but all in vain. Weir Mitchell's treatment [5] has proved the best in such desperate cases, and I have often preferred it to hypnosis. I have seen

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[1] P. 447.

[2] *Corr. Bl. für Schweizer Aerzte*, Nos. 11, 12, 1888.

[3] *Therapeutische Monatshefte*, September, 1889.

[4] Weir Mitchell, *Fat and Blood, an Essay on the Treatment of Certain Forms of Neurasthenia.* Philadelphia, 1885, p. 35, etc.

[5] Weir Mitchell, p. 44, and Playfair, *The Systematic Treatment of Nerve-Prostration and Hysteria.* London, 1883, p. 14.

several patients suffering for years from a great number of nervous symptoms, which disappeared after hypnotic treatment. Such patients are generally less susceptible to hypnosis, contrary to the opinion of the public at large, and to that of most physicians. Sleeplessness is usually the most pronounced symptom.[1] How is it then possible, under such circumstances, to produce sleep? Experience teaches us that this is combined with the greatest difficulties. Of the thirty-seven persons whom I have hypnotized, nine were not influenced, and I was obliged to desist. If insomnia is not the prominent symptom, then the patients usually sleep so lightly that they wake up at the least noise. As the hypnotic sleep is always identical with the natural one, it is evident that the artificially induced sleep mostly or, I might say, always, when it is light, is far less susceptible for suggestions than in conditions of deep sleep.[2] I will give some illustrations.

46. Evelina B. forty-two years old; married. For many years a sufferer from various nervous symptoms,—restlessness, fear, trembling, debility and undefined pains in various parts of the body—, but she was not obliged to keep her bed. Her ability to work had been considerably diminished. No hysteria nor any organic disease could be discovered. She was pale but not sickly, timid, trembling slightly, and stout rather than thin. Sleep and appetite good; constipated. She had been under my care for a number of years. I tried many remedies without seeing the least improvement, and I feel tempted to say that she grew almost worse. Having become acquainted with the curative effects of hypnotism, I finally proposed that method. At first she would not listen to this, feeling rather afraid of it, and having been advised by others not to submit to so "dangerous a cure" as that of hypnotism. At last, however, she summoned sufficient courage, and came to see me on May 16, 1887. Somnambulism resulted, and she was hypnotized five times. She was perfectly well by the 23d of May, free from all disease symptoms, and told me that she was then the healthiest person living. She is a most excellent somnambulist. Both she and her husband have permitted me to make many interesting experiments with her while in that state, those, for instance, suggested by Binet and Féré.[3] Her sensitiveness is so great that she sleeps when I count to three, and in the waking state, I can make her blind, deaf, dumb, and

[1] Beard and Rockwell, *A Practical Treatise on Nervous Exhaustion.* London, 1890, p. 69, etc.

[2] Bernheim, p. 296, etc.

[3] P. 166, etc.

deprive her whole body of sensation, etc. She experiences no inconvenience after these experiments.

The neurasthenic symptoms were more marked in the following case, which is of great interest from a hypno-therapeutic point of view.

47. Gustav C. forty-eight years old ; servant. A highly nervous person, weeping and wringing his hands in despair. He suffered from pains of all kinds ; often from a peculiar abdominal pain, and sometimes from such violent headaches that they obliged him to go to bed. His disposition was changeable, mostly very depressed ; capacity for work and general strength were much lowered ; face pallid and suffering. Appetite poor; obliged to use purgatives constantly. Such were the principal symptoms when he first came to me on the 13th of September, 1887. He told me that he had been some time in Enköping under Dr. Westerlund's treatment, and had used Weir Mitchell's method, which had improved his condition somewhat, but the painful sensations had soon returned. He was hypnotized that day, somnolence resulting ; a fortnight later, somnambulism. Considerably better at the end of November ; he could work without the least effort, and his headache had disappeared after the first treatment. Later, he could dispense with purgatives, and had natural operations. His spirits were good and only the abdominal pain was felt at times.

The next case presents a predominance of psychic symptoms, while the nervous ones are less important.

48. Anna A. thirty-eight years old ; single. For several years nervous and restless and only by great effort, able to act as her father's housekeeper. When I saw her the first time, on the 18th of September, 1880, she seemed very nervous. She told me that she slept poorly, and felt tired and depressed. She complained principally of a constantly recurring idea that everything with which she came in contact seemed unclean and, therefore, obliged her to wash herself continually, often a hundred times a day.[1] She herself thought that such an idea was abnormal, but could not possibly get rid of her fear of being soiled by contact. I succeeded quickly in producing deep hypnosis, although her natural sleep was poor. After forty-five treatments she returned to her home a cured woman. She wrote me, three months later, that she continued well, slept well, had no nervousness nor restlessness, and did not wash herself oftener than any other normal person.

[1] Beard and Rockwell, p. 62.

The next case also had a morbid fear as its principal symptom, a condition, which Beard calls astraphobia, and which is connected with a neuropathic constitution.

49. Wilhelmine N. forty-two years old; married. She had been feeling weak and tired for ten or twelve years, and suffered, at times, from headache. The real reason why she consulted me was due to a terrible fear of thunderstorms which prevented her from spending the summer in the country, and kept her in the city where she felt more secure. Whenever, in the summer, clouds began to gather, she continually looked at the sky and scanned the clouds with dread of what might possibly follow. When the storm came, her fear changed to terror. She hid herself in the cellar and nothing could persuade her to leave it before the storm was over. She was calmer during the winter, but thought constantly of what might happen when the summer came. She visited me on the 22d of May, 1889, and all her fear had left her after twenty treatments, and she was normal in every respect.

In the following case the nervous symptoms were principally located in the eyes.

50. Marta L. twenty years old; single. For many years a sufferer from pains in the eyes, making sewing and reading at times impossible. Her sufferings had not been alleviated, although she had repeatedly consulted many oculists both here and abroad. I saw her on the 4th of March, 1889, for the first time. Her eyes were slightly red, and the balls a little sensitive. The ophthalmoscope did not show anything abnormal, but the subjective symptoms were, nevertheless, very important. She could neither work nor study, and the pain in the eyes grew worse with the least effort. I hypnotized her, in all, thirty times. She returned home in the beginning of May, and had then been without pains for three weeks.

The reason why suggestive therapeutics proves a failure in neurasthenic cases, is that these patients are often very insusceptible and are also what Bernheim has called auto-suggestive. Such people are under the influence of their own thoughts which pursue them every moment, and, therefore, form an insurmountable obstacle to all suggestion from without.

Nine of the thirty-seven persons whom I treated, could not be hypnotized at all. Four had but a light slumber, which produced no further effect, ten were very much improved, and fourteen were cured completely. I should advise those physicians, who in-

tend to study and to practise suggestive therapeutics, not to make their first attempts upon nervous or so-called weak persons, as they will undoubtedly get no results. When their experience has enlarged and their assurance become greater, they should then employ psychic therapeutics also, in such cases. They will soon understand that suggestion during hypnosis is the most valuable nerve remedy, and that it is, as van Renterghem and van Eeden have said, the only effective remedy of which unlimited use can be made.[1] This opinion is also, in every respect, my own.

XI.—LIGHT PSYCHOSES.

Although Voisin[2] has shown that severe psychoses, based on hysteria, can be cured by suggestive therapeutics, I have not had any special occasion to use that method in severe cases of insanity. I have, however, treated a great number of lighter cases, a few of which I will report.

51. HANNA S. thirty years old; single. On the 15th of September, 1887, I was asked to see a servant girl, who had been sick a fortnight and who was in a very peculiar mental condition. I called and found her in bed. She stared incessantly at some fixed point in space, did not notice my presence, and my questions received no response. Her chest heaved now and then with deep sighs, and these were followed by a torrent of tears. I could not find any evidence of a physical disorder. I was told that she had scarcely slept for several nights, but had lain almost quiet, sighing and weeping. It had been impossible to make her eat for some days. Sometimes she would become very frightened, sit up in bed, stare wildly before her, and scream violently as if in terror of some horrible appearance. I could not learn anything concerning the cause of her condition. I prescribed chloral for the night, but it had no effect. Hypnotism was then resorted to on the 16th of September, and she slept, to my great surprise. I can not say which degree of sleep resulted, but that it was a deep one was made evident by her automatic movements of the arms and her insensibility to pricking the skin. When I commanded her to sleep four hours, she answered "Yes" in a feeble voice. She did sleep, and also obeyed the order to feel hungry, and to have no fear on awaking. I have often observed that when somnambulists answer the given suggestion, even with a whispered affirmative, they almost always get

[1] P. 21.

[2] *Revue de l'hypnotisme*, vol i., p. 6, etc.; p. 45, etc.

well. The next day I found her condition remarkably changed. She had slept as I told her, asked to eat, upon waking, and had been quieter. She had slept well. I hypnotized her again and she came to my office on the 19th of September when I hypnotized her a third time, and the following day also. She was perfectly well by the 21st of September, stronger, with no fear and unrest, and it seemed to her as if she had awakened from a terrible dream.

It was undoubtedly hypnotism which here had re-established the disturbed equilibrium of her mind. At any rate this was done more quickly than would have been possible with any other means. I dare not, however, presume to say what would have been the result under other circumstances.

The next case presents a disease which has been called *nostalgia.* There were no disturbances in the sphere of thought. The sufferer had at all times a clear intellect and a normal perception, but the emotional sphere was unbalanced, her life unhappy, and she was a burden to herself and to her family. In addition to this, there was an hysterical tendency which for some time caused me to err in my diagnosis, and made it more difficult to understand her case.

52. MARIA M. thirty-five years old; married. I was called in haste to this patient four years ago, when she had an attack of hæmoptysis. I went as quickly as possible, and found the woman very sad and weeping on account of her frequent hæmoptyses, as I then thought. I had not at that moment any idea of the terrible tortures which her mind endured. Her appearance was that of a consumptive, but the hæmoptysis had another cause,—a psychic origin, as I was told later. I prescribed the appropriate medicine and recommended rest. The hæmoptysis ceased in a few days and I heard no more from my patient. I made her acquaintance on another occasion, and was then told the story of her life. She was a native of Russia and had suffered from home-sickness all the years she had lived abroad. She seldom smiled, but wept daily from a feverish longing for the home to which, under the circumstances, she could never return. Her weeping was sometimes so violent that she had attacks which almost produced lethargy. Naturally her constitution suffered from this condition. She lost her appetite, her strength decreased, and the whole organism bore the traces of the all-overpowering thoughts. Such had been her life for four years. She took so little interest in her new home that she had not taken the trouble to learn Swedish, although her children, who had been born in Russia, spoke that language exceedingly well.

It was evident that I could not be of much use to her, even though I often had to prescribe something for her. But the psychic treatment made a change in all this. I commenced on the 9th of October, 1887, and an improvement soon became manifest. The weakness and lassitude disappeared more and more, the appetite became good and her spirits brighter. A smile flitted across her sad features after the first treatment, she wept less frequently, and began to feel happier and more contented. Even when her thoughts wandered back to her former home, she was able to repress her sorrow and control her feelings, being better in this respect also. At the present time, February, 1890, she still continues so.

Mrs. M's case is also of great interest in another way. The first time I hypnotized her I noticed that she felt so cold that her teeth chattered, although it was 18° C. in my room. Liébeault[1] has observed a similar occurrence, and explains the cause of this cold sensation as due to a slower respiration and a diminished action of the heart during hypnotic sleep. My suggestion removed this unpleasant sensation. I have sometimes observed just the contrary effect. An old lady, who had suffered for years from a number of nervous symptoms, nearly all of which have now disappeared, grew so warm, both during and after sleep, that her face especially was so bathed in perspiration that I had repeatedly to wipe her forehead during sleep. Her ears were as red as fire and swollen and reminded me of the ears of animals in which the cervical portion of the sympathetic nerve had been cut through. After having studied a while this interesting phenomenon, I removed the heat by suggestion, and the old lady is now as normal in the hypnotic state, as other deep somnambulists.

The following case, which was very successful, is of great interest.

53. H. H. thirty years old; lawyer. The patient looked healthy and strong and had an excellent constitution. His trouble was rather peculiar. Whenever he was called upon to read something in Parliament, where he has a position, his voice suddenly became very weak and he began to tremble. His heart palpitated and it was impossible for him to continue, as he could not utter a single word. He understood very well that it was his own thoughts, which made him powerless to read aloud. He visited me for the first time on the 28th of

[1] P. 6.

January, 1889, and is now, in February, 1890, entirely cured. Since then he has never had the least difficulty when his parliamentary duties demanded his reading anything aloud.

The next case was a moderate form of melancholia of several years' duration.

54. H. H. forty years old; married. This lady had experienced many trials which resulted in her taking a very pessimistic view of life. She did not consider that her melancholy was caused by her troubles, but had an exaggerated distrust in her own strength, a morbid disposition to self-accusation, whenever anything went wrong in her family. She would fret over things for days that annoyed others only for a moment; especially was this the case if she thought that strangers criticized her. Both her family and her friends would assure her that there was no occasion for reproaching herself so severely, but they were never able to convince her, although, perhaps, they quieted her for the moment. The old ideas would speedily return, and there were always causes for new ones. Although constantly full of anxiety and sometimes apathetic, her interest in home, family and everything else was only affected. She longed for a physical disease, so that she might be permitted to seclude herself. Her desire was to be free from all care and from the necessity of making what she considered the terrible effort of appearing different from what she really was. She called to see me the 10th of December, 1889. Only with the greatest difficulty and by the aid of chloroform could I produce a slight hypnosis, which afterward grew deeper. She noticed every day how much better she was as the melancholy disappeared. Finally, in February, 1890, after twenty-four treatments, she became a changed person. Her gratitude has given me real pleasure.

I come now to a case which presents a condition not unusual in younger persons, especially in girls.

55. X. X. twenty-one years old; single. This young girl looked healthy and had an air of composure. From childhood she had been shy and restless, and this increased when she had to speak before people. She felt timid if any one looked at her, and imagined that all were talking about her and criticizing what she did. This impression made her awkward and stiff. I succeeded with great difficulty in bringing about a deep sleep on the 26th of November, 1889. Although she is not, as yet, in February, 1890, entirely free from her old ideas, these are less frequent and there is a great probability that they will disappear completely. She is still under my care.

I have been so fortunate as absolutely to cure the following case after a fortnight's treatment.

56. X. X. thirty-six years old; captain. For about a year financial troubles had made him so depressed that he contemplated suicide. He was perfectly aware of his horrible situation and, therefore, ordered all guns and revolvers to be removed from the house. The 8th of December, 1889, he told me with perfect frankness about his condition, of which, however, I had already been informed by his physician. There was no physical disease, only his mind was possessed by the suicidal idea. The result, in this case, was so successful that in a fortnight the patient could return home. I was informed, in February, 1890, that there had been no relapse.

The next case has considerable interest because, in all probability, we may presume that the psychic treatment has saved the patient from falling a victim to insanity, sooner or later.

57. X. X. twenty-three years old; single. She had a position in an office, where a young man courted her and with whom she had fallen in love. Everybody, herself included, believed that the young fellow, who had been so very attentive, would finally declare himself. One day she read in the papers of his engagement to another lady. This was a hard blow, and to be obliged to see and speak with him daily was more than she could endure. She could neither sleep, nor work, and an ever increasing melancholy seized upon her, but she could not afford to give up her position in order to avoid meeting him. Accompanied by her mother she came to see me the 3d of August, 1889, and I then learned the above occurrence. Sixteen treatments conquered the melancholy, restored her sleep and appetite, and her love for the man, who was generally unworthy, entirely disappeared. Later, she was able to see the young man daily without the least unpleasant feeling and to talk with him calmly, while previously his mere presence troubled her. I know for certain,—February, 1890,—that she is cured.

I have had several cases of morbid imagination, in which the most disagreeable symptoms belonged to a sexual origin. The following case is typical.

58. X. X. twenty-six years old; medical student. He had noticed during a two years' engagement that, at times, lascivious thoughts occurred to him. Obscene pictures took possession of his imagination, and he experienced a sensuous irritation of the penis,

followed by erection and often by ejection whenever he saw his affianced or other well-built women. The thought that he could not check his imagination pained him. He came to consult me the 22d of October, 1889. I hypnotized him five times which improved his condition considerably, although the time allowed was too short. He wrote on the 14th of December: "I perceive that my trouble has lessened in a considerable degree, and I wish to express my warmest thanks for your kind efforts in my behalf."

I have treated two cases of contrary sexual instinct, and was, in one case, so fortunate as to obtain a complete and, up to the present time at least, a lasting cure. It was impossible to produce hypnosis in the second case. The following is a case in which my suggestions succeeded in counteracting and overcoming homo-sexual love, a result which Krafft-Ebing[1] also considers possible.

59. X. X. thirty-two years old; merchant. The patient told me on the 30th of August, 1889, that he had practised masturbation since thirteen years old, and at the age of twenty-five he commenced to have connection with his own sex. He had had, but a few times, coitus, which only disgusted and vexed him, and, therefore, he abstained for years. He had a strongly developed sexual instinct, and his greatest pleasure was in the embrace of his own sex. He masturbated, when he could not satisfy this desire. His greatest longing was after men, and this desire would remain with him for days. To satisfy it, he would visit urinoirs, where the sight of the male organ gave him pleasure. It seemed to him as if he had a female nature and not a man's instincts. He looked strong and virile; both testicles were in the scrotum, the organ well developed, but the hair of the pubes and on the face was somewhat thin. The voice was virile, but his manner was rather effeminate. No other member of his family that he knew of, suffered from any similar cause. He wept, wringing his hands and felt very unhappy over his unfortunate condition. He had previously received hypnotic treatment, but as he had not improved after thirty trials, he had discontinued it. Very remarkably, my endeavor was crowned with success the very first time, and produced a deep sleep and amnesia upon awaking. He was hypnotized seventeen times and was perfectly cured at the end of September. I have often seen him since, and have never met a more grateful man. He says that I have saved his life, and that what was formerly a source of pleasure to him, now fills him with disgust and horror.

[1] *Psychopathia Sexualis.* Stuttgart, 1889, p. 109.

The next is a particularly interesting case of kleptomania, which was cured in a very short time by psychic therapeutics.

60. X. X. fourteen years old; schoolboy. The patient had a violent attack of chorea in the spring of 1889. It was noticed that after his recovery, his nature had changed in many respects. He was less industrious, and finally cared nothing about his lessons, disobeyed both parents and teachers, grew very disorderly and neglected his own affairs. It was further observed that he appropriated money and objects belonging to his parents and to other people. When they reproached him for doing so, he would deny the fact, although the act had been very evident. Corporal punishment made him rather worse than better. He acquired an insatiable desire for dainties, commenced smoking cigars and drinking punch, and to procure these things, his thefts became more numerous. He was sent away from school. The family physician advised corporal punishment. When I saw the boy, the 19th of September, 1889, and examined his condition, it seemed to me that it was one of those perverted conditions resulting from chorea, which, if I do not mistake, was first described by Marcé.[1] I advised the despairing mother to put her son under psychic treatment which would probably help him. He was hypnotized fifteen times in all, and was, according to his mother, cured at the end of November when he returned home. That this is still his condition, appears from his mother's letter of the 8th of January, 1890. ". . . The boy is evidently totally changed and gives us great joy. We, therefore, wish to thank you most cordially, and assure you that we shall never forget the great benefit you have done our son, whose future now promises to become that of an honest man."

I have treated a great number of cases, which, with de Jong[2] I should call functional psychic neuroses. However, I will not weary the reader with any further enumeration of successful cases. My own experience, as well as that of de Jong, will demonstrate that we have, in psychic therapeutics, one of the most valuable methods for the treatment of these diseases and conditions.

XII.—HYSTERIA.

Those, who have but a superficial knowledge of suggestive therapeutics, think that hysteria is the very disease to which this

[1] "De l'état mental de la chorée," *Memoires de l'Académie de Médicine.* Paris, 1860. Tome 24.

[2] "Valeur thérapeutique de la suggestion dans quelques psychoses." *Premier congrès international de l'hypnotisme.* Paris, 1889, p. 196.

method is adapted. This is really true, as, long before the present methodical use of suggestion, it was recognized that the moral, *i. e.*, the psychic treatment, was very important in hysteria.[1] Experts, however, soon noticed that this treatment was not so easy as they could wish. It is very difficult to influence hysterical persons, and the power which one obtains over them is too insignificant to serve any purpose. In one sense they are, of course, easily influenced, but still the therapeutic suggestion is without effect, and this may be explained on the ground of firmly rooted auto-suggestions. I have treated only eight cases of hysteria, and by this I mean "*la grande hystéric*," but have been unable to obtain any result in more than three cases. I will give two as examples.

61. Amanda J. eighteen years old ; servant girl. I was called one night, in the spring of 1885, to see this girl, who was in the service of a family that I attend as physician. She had an hysterical attack, during which her body and limbs were shaken by violent movements ; she sat upright in bed and threw herself down again quickly, stretching and contracting her feet and bending them while her body writhed from one side to the other. She displayed such strength that three persons had great difficulty in holding her. She threw her head backward, the eyelids were closed, the face was somewhat red, the nostrils trembled and the jaws were set, although not convulsively. Her features were not distorted. She tore her linen, and put her hands at times to her throat, as if she wanted to tear something out. Her respiration was all the time quick and irregular. She paused a moment, and then the scene was repeated, with the same convulsive movements ; sometimes quiet ensued, and, finally, sobbing and weeping. There could not be the least doubt as to diagnosis ; it was an attack of hysteria. As these attacks repeated themselves frequently, often several times a week, her employers could no longer keep her in their service, and she was sent to the hospital. I enquired of the family, in 1887, what had become of the girl, and was told that her attacks continued, that she had been in the hospital several times, and was considered incurable. Later, I again heard that she had been a whole year without employment and suffered want. Thoroughly convinced that hypnotism would cure her, I invited the girl to come and see me. On her first visit, the 23d of May, 1887, she looked pale and thin and suffered not only from her hysteria, but also from angina phlegmonosa. She was hypnotized, and was after a few moments in deep somnam-

[1] See, for instance, Padioleau, *De la médecine morale dans le traitement des maladies nerveuses*. Paris, 1864, p. 197, etc.

bulism and completely anæsthetic. I told her to rise and sit down on a chair, to open the mouth while I incised the gland, and afterward to gargle with water. She did all this during the sleep, laid herself down again and, upon awaking, remembered nothing of the operation. I gave her a gargle and told her to return the next day. The throat was better, and having put her to sleep, I made suggestions in regard to her attacks. The result was so successful, that after a fortnight's treatment, she had had no attacks up to the 10th of March, 1889, when I last saw her. She found a place at the end of June and remained there. She had grown stouter and was feeling well in every respect. On seeing her present healthy face, no one would recognize the pale and emaciated girl, who came to me in the spring. She is now able to wash and to do all kinds of domestic labor.

The next case was equally successful.

62. Anna A. twenty-six years old; married. She told me on the 15th of February, 1889, that she had had attacks since August, 1888, and sometimes several in the course of one day. I never had the opportunity of witnessing any of these attacks, which were described by the patient and by a relative who accompanied her. They were, in general, similar to those in case 61, but did not seem to have been so long and violent. This young woman was pale but not emaciated, rather stout and of strong constitution. She said that she had never been sick as a girl. The attacks, which she seemed to fear very much, had first appeared after a domestic quarrel with her husband, and they lasted throughout the autumn and winter without any relief from medicines. When I asked her, during the hypnotic sleep, what day these attacks would cease, she answered: "The 27th of February." Such was really the case. She has not had another attack thus far (February, 1890). Of course one should not consider her answer as to the exact time, as clairvoyance, but as unconscious auto-suggestion.

I have treated very many cases of hysteria where the disease manifested itself by only a single symptom and without any convulsive attacks. Such cases were: aphonia, nervous cough, vomiting, etc. The results obtained were generally favorable. I have also treated several cases with marked psychic symptoms such as, for instance, perverted emotions, light forms of melancholia, fixed ideas, etc., where the suggestive therapeutics had good effect. My experience in regard to hysteria coincides with that of Bérillon,[1] and, with him, I will emphasize the fact that the

[1] "Valeur de la suggestion hypnotique dans le traitement de l' hystérie." *Revue de l'hypnotisme*, vol. 4, p. 35, etc.

disease, which often is either an inherited or an acquired degeneration, cannot always depend, for improvement or cure, upon psychic treatment alone, but must, under such circumstances, often also be aided by hydropathy, diet, gymnastics, etc.

XIII.—AMBLYOPIA AND NERVOUS DEAFNESS.

Braid [1] has already described several cases of amblyopia where hypnotism had improved the sight. The ophthalmoscope had not been invented in his days, and it is consequently difficult to form any decisive judgment in regard to the cases which he reports. He proves himself, however, a conscientious and careful observer, whose truthfulness can not be doubted, although one may agree with Bernheim in this, that the theoretical views which Braid entertains concerning the manner in which hypnotism acts therapeutically, are incorrect. Therefore, inasmuch as the following case likewise sustains the opinion that the hypnotic effect is obtained in an absolutely psychic manner, it is of great theoretical as well as therapeutical interest.

63. SIGRID J. eleven years old. In the spring of 1887, I wrote to Dr. Bergmann, head-master at Adolf Fredrik's public school, and asked him to send to me stuttering children, for the purpose of observing the effect of hypnotism upon this defect. He sent me, among others, this girl. The stuttering was not of the worst kind, but it was, however, very marked. I commenced on the 24th of April, and it required six treatments to cure her. I noticed, at that time, that her right eye squinted, but paid no attention to it, as I was so much occupied with her stuttering. I had already forgotten about the girl when she came to me again on the 7th of September, and consulted me about her right eye, the sight of which was very much weakened. I found a *strabismus divergens*. She saw very badly with the right eye, had difficulty in counting the fingers and, in looking out of the window, could not clearly distinguish objects in the street. She could read No. 50 of Dr. Bergh's tables tolerably well, but No. 25 gave her much difficulty. An ophthalmoscopic examination proved all media of the eye to be clear, and the retina and the optic nerve looked normal. There was a slight cloudiness in the central part of the cornea. She was hypnotized and I suggested that from that moment she should see more distinctly and better. She was a good somnambulist. She could read No. 10 on awaking. The next day she returned and before leaving, was able to read No. 5, and could see the church clock, but

[1] P. 144, etc.

not the hands. She told me on coming the third time, that she could see in the glass the pupil of the right eye when she closed the left eye, —a thing she never had been able to do before. Vision had again improved, but she could not read ordinary print. The *strabismus* had commenced to retrograde, as proved by the circumstance that she could now use the right eye.

The explanation may probably be found for this that she had had an inflammation of the cornea when four years old, which was protracted and left traces of a slight cloudiness. Vision was completely absent, and as she did not use the eye, its capacity was consequently lessened although neither the retina nor the optic nerve was materially injured. The nerve needed but a strong hypno-suggestive impulse to revive its function. This explanation may, or may not be correct, but the fact is that vision did not improve before suggestions were made. While treating her for stuttering, neither of us thought about the eye, concentrating our whole attention upon the stuttering only. I have observed a similar case in a woman, who consulted me for rheumatic pains in the head and both shoulders. She was hypnotized ; third degree. During her sleep I thought of nothing but the pains in the head, and made no suggestions concerning those in the shoulders. The result was that she awoke free from all headache, but the other pains were still present. It was only necessary to emphasize strongly, during a state of "charme," and they disappeared as easily.

But I will return to Sigrid J., who also, as a somnambulist, is very interesting as I have made many experiments with her. She could be put to sleep by telephone and while holding the receiver. If I pressed the left cortical motor centers for the right arm, she would move it, and *vice versa*. It looked very peculiar. When awake she did the same thing without knowing why, only demonstrating, of course, a phenomenon of suggestion. I told her this once while she was sleeping and without any emphasis whatever, but she seemed not to have forgotten it. When I made one of her arms cataleptic, a horseshoe magnet transferred it to the other side. This could be done equally well with a stethoscope, a paper roll, or a match, when telling her that the transfer was made by a magnet.

My experience in this case, and in other cases, induces me to feel very sceptical in regard to the influence of magnets upon the human body. All phenomena of this kind should, as in this case, find their explanation by suggestion, and it is just this which Féré has overlooked in his studies of the subject at Salpêtrière.

I have observed in three cases a considerable improvement of

hearing in two elderly ladies and in a child of nine years. I will report one case.

64. Marie B. thirty-eight years old ; single. She consulted me the 26th of October, 1889, for nervous headaches, which had been continuous for ten years. I noticed when I hypnotized her the first time, that she wept when I suggested the disappearance of her headache. Asking her why she did so, she said it was from joy at being able to hear my words clearly with the ear which for about six or seven years had been partly deaf. This improvement continued, as her letter of the 14th of December, 1889, proves. "I continue to hear with my formerly deaf ear and it is evident to my family." I cannot say what was the cause of this deafness. The patient had consulted an aurist without result.

Braid's observations in regard to the deaf and dumb are of the greatest interest and certainly move everyone who reads them. Stimulated thereby, I corresponded recently with the director of the Deaf and Dumb Asylum here. He sent me two deaf-mutes, and one, a girl of nine years, heard considerably better after five treatments, but, in spite of this, she did not come again. These attempts must be continued, of course, with method and regularity for a long time, before one can arrive at any conclusion.

XIV.—CHRONIC ALCOHOLISM. DELIRIUM TREMENS POTATORUM.

Before I had read Voisin's[1] interesting report of his hypnosuggestive treatment of dipsomania, I had already had opportunity to try it in three cases.

65. Nils Johann P. fifty years old ; merchant. The patient had been drinking to excess for more than ten years, and on several occasions manifested signs of delirium tremens, without completely falling a victim to the attacks. Whenever he was drunk, which generally happened several times a week, he was very violent to his family and threatened to kill his wife and children. The wife endeavored repeatedly to obtain a divorce, and he had to go before a justice of the peace time after time, but to no purpose. The patient would not hear of any drink cure and, for this reason, it was very difficult to induce him to come to me, and I had no desire to visit him as he felt very bitter toward me because I had often reproached him for his conduct. He was finally persuaded to come, the 5th of March, 1887, on the pre-

[1] "De la dipsomanie et des habitudes alcooliques et de leur traitement par la suggestion hypnotique." *Revue de l'hypnotisme*, vol. ii., p. 65, etc.

text of getting relief for his diseased stomach. I asked him to lie down, and spoke to him about sleep, while I keenly fixed my eyes on his.

Drunkards are, fortunately, easy to hypnotize, and in a short time he was asleep, and on awaking had no recollection whatever of what I had said to him. His wife had great difficulty in persuading him to make me a few more visits, and, finally, he refused, in a most decided manner, to come again, declaring that I only made fun of him. The result was, nevertheless, quite satisfactory for a while in spite of all. He did not touch any liquor from the 9th of March until the beginning of September. All this time he attended to his business with great zeal, was sympathetic and affectionate toward his family, in short, behaved like a totally changed man. A few suggestive treatments had done what admonitions, entreaties and tears had failed to accomplish.

To my great regret the old craving returned, however, in September. He drank just as heavily as ever, and his wife could not persuade him to consult me again, as he believed himself perfectly well. He could, in all probability, be helped once more if I only had the opportunity of hypnotizing him. My plan would be to treat him once a week, continuing for several months, and I believe it would produce a lasting, favorable result. I can only add that he has been sober and has had no liquor since December, 1888, without any interference on my part.

In the next case I know for a certainty that there was no relapse two years after the treatment had commenced.

66. Carl H. thirty-seven years old; civil engineer. On the 3d of March, 1888, I was requested to visit this patient, who had delirium tremens. His wife told me that her husband had already had four similar attacks, that he never could save a cent, and that within a short time she was to be divorced, as it was impossible for her to continue living with him under such circumstances. I comforted her with the thought that when this attack was over, he probably never would give her any further cause for complaint. This she could not believe, as her husband had so often deceived her. She said, that her patience was exhausted and that she should insist upon a divorce, and that relatives would send him to America.

I persuaded the patient to come to my office, which he did a week later. Even after the first visit, he stopped drinking, and fourteen treatments, in all, made him a changed man. The divorce never took place, but both went together to America at the end of May, as he thought he could do better over there. He sent me the following letter from New York on the 26th of July: "According to your wish and my promise upon leaving, I write today with

great pleasure to inform you that what you anticipated has been realized beyond expectation. My aversion for all kinds of liquor has continued, and I have not the least craving for it. I beg you to feel assured of my gratitude for what you have done for me in this respect." I know, from a creditable source, that he still continues a sober man.

I have lately, in January, 1890, been informed by a relative that the following case has remained the same as when I discharged it.

67. JOHANN B. thirty-nine years old; shopkeeper. The patient visited me for the first time on the 23d of September, 1888. His condition at that time was rather sad. His face was red and bloated, the eyes bloodshot, the limbs trembled, he was uneasy and frightened by the least noise, had no appetite, walked with difficulty, vomited every morning, and could not sleep. Although he was happily married, and in good financial circumstances, he had for several years been addicted to drink. He returned home in good health after eight days of treatment. His appearance was so much changed, that he seemed like another man. He wrote to me the 14th of October: "Since I have been at home, about a fortnight, my health has been better than it ever was. I sleep the whole night, have an excellent appetite, great desire to work, and am always in good spirits. The former craving for liquor has completely disappeared. I can calmly see others drink without, in the least, wishing to partake, nay, I feel rather a disgust for it. I cannot thank you enough for being able to create in me a horror for this hellish beverage. God aiding, it will always remain so. I am now the happiest man living."

Also, in the following case, I know beyond doubt from the patient's relatives who live here in Stockholm, that the desire for drink has been conquered.

68. AUGUST H. thirty years old; bookkeeper. He was unable to obtain any steady employment on account of his irregular life and craving for liquor. He drank excessively for years. He called to see me the 18th of October, 1888. His appearance very much resembled that of patient No. 67 with, perhaps, even more marked symptoms of debauchery. I treated him for a month and he returned to his home in good health. He wrote the 3d of June, 1889: "As it is now almost half a year since I last wrote to you, I take pleasure in reiterating my thanks for your great assistance. I continue to feel first-rate and never have the least desire for liquor."

69. Ola S. thirty-one years old; innkeeper. The patient had been drinking for five years, and spent so much money that his father, who is quite wealthy, has had to aid him time and again. He consulted me on the 10th of January, 1889, and left me, three weeks later, a cured man. He wrote the 17th of March, 1890: " . . . I wish to inform you that I abstain from all drink. I have not even tasted the lightest kind of beer since I was in Stockholm, and I feel well and contented. Thousand thanks for the good you have done me." His father made me a call when in Stockholm, March 6, 1890, and told me, with great joy, how changed his son was.

The result is not always, however, so satisfactory, and relapses sometimes occur. The cause is often, although not always, to be found in either social or financial troubles, which are too heavy for the patient to bear. I have known a middle-aged man, who got well after seven days' treatment and kept steady for a whole year, but who succumbed at the end of that time on account of his financial troubles.

I will go more into detail in the next case, which possesses great interest.

70. Karin A. forty years old; saleswoman. She had been drinking to excess for three years, sometimes as much as a liter of brandy a day, but her strong constitution saved her from delirium tremens. When I saw her for the first time in the beginning of April, 1888, she looked the very picture of an old and steady drinker. Her breath was foul, the face bloated, the eyes were red and watery, the muscles, flabby and weak; she had a stumbling and uncertain walk, her hands trembled and the pulse was quick, but I could not discover any organic disease caused by alcoholism. I was for a long time in doubt whether I should withdraw from her suddenly or gradually the power of alcohol. I chose the first, although the patient was entirely under my influence and I needed but to look at her to produce the deepest sleep. She ceased to drink after the first treatment, but what I feared, happened. Four days later she had a violent attack of delirium tremens. I then went to see her and she fell into a sleep which lasted for thirteen hours without interruption. When she awoke, she was fully conscious and free from hallucinations. Her employer told me that she was a very cunning and reserved person and that I ought not to trust her. I therefore made her come to me for a long time, and her sufferings lessened day by day. Many of my colleagues saw the woman and wondered greatly at the noticeable, almost daily, change in her condition. Her employer assured me that her good qualities, of which he

had been cognizant before she commenced to drink, now became more evident every day. I feared a relapse from the fact that she lived alone, and in an isolated house, where it would be easy for her to procure liquor if the craving for it should seize her. I continued, therefore, to treat her once a week until the 15th of July when I had to make a journey. She was perfectly sober during the whole period in which I treated her. I heard, on my return, the 15th of September, that there had been a relapse toward the end of August. If this poor woman had only had a home, or lived where she could have found support and care, she would indubitably have been saved. This case proves irrefutably that delirium tremens can result from suddenly withdrawing the liquor. It is true that Norman Kerr says in his famous work [1] that anything of that kind is scarcely ever to be feared, but it is, perhaps, rather rare that a person drinks so enormously as the person described.

I could write of many more cases, of tears which have been dried, of anguish and distress which after the duration of years have, by means of psychic therapeutics, been lifted from the heart of many a sufferer, as easily and quickly as the morning sun dispels mist and clouds. A treatment, that can do this, is, surely, of the greatest importance, but it is, like any other method, far from infallible, and relapses may therefore occur. There is, nevertheless, a far greater number of successful cures than of failures, and the cures will naturally grow more numerous according to the physician's experience and practice. Let it be remembered that it is, by no means, an easy method of treatment. I take this opportunity to point out that this method does not, either in this or in any other disease, exclude the use of other means at the same time, and where gastric symptoms are present, I often prescribe tincture of nux vomica or pills of nitrate of strychnia. The reputation of the virtue of strychnine as a curative agent in chronic alcoholism is, as we know, of old date, and even the celebrated Magnus Huss referred to its use; in modern times, Morin,[2] and some Russian physicians, Popoff, Tolwinski, Manassein, and Parzewski, also recommend hypodermic injections of strychnine. It is very interesting to hear that Dr. Korona in Tiflis, who has had a large experience in the treatment of chronic alcoholism by subcutaneous application of strychnine, expresses the supposition

[1] *Inebriety, its Etiology, Pathology, Treatment, and Jurisprudence.* London, 1889, p. 270.

[2] *L'Alcoolisme, étude médico-sociale.* Paris, 1889, p. 297.

that this may possibly also act in a psychic manner.[1] Whenever the psychic method is employed, it must be considered as a curative agent and the suggestion must be repeated several times. Its effect certainly does not last as long as one might wish, and I am, therefore, of Ladame's opinion that a preventive suggestion will be beneficial from time to time.[2]

XV.—MORPHINISM, CHLORALISM AND NICOTINISM.

I have treated fourteen cases of morphinism. Two were failures on account of the patients' obstinacy, but I have further information that eleven of the cases were entirely cured. A patient, who for three years took daily about one gram of morphine as a result of a disease contracted in Cairo where he first made use of it, was cured of his craving in fourteen days. As he is still under my care, I do not, therefore, count his case among those above mentioned. According to my experience, I consider it difficult to influence a morphinist. It requires a long time and much patience to obtain a result. I will relate only two cases, one of which is especially interesting, because both the usual method of gradual withdrawal and hypnotism had been tried several times, and further, also, because the symptoms of morphinism were partly disguised by chronic alcoholism. The second case will serve to illustrate how easily one can succeed when the treatment is carried out in my manner, which I consider as a revolution in the treatment of morphinism. It proved a success in three weeks' time.

71. Richard v. X. twenty-three years old; innkeeper. The patient had, when a child, been spoiled and petted by his mother. He had, in reality, never been taught anything, nor would he learn, and therefore he always remained at home. When eighteen years old, he had an attack of gastritis and hypodermic injections were used, which he continued. He was once in the hospital, but without result as it was impossible to hypnotize him, and a gradual withdrawal of the morphine seemed also fruitless. He had been drinking considerably for two years, and finally took as much as one liter of cognac per day. He came to me on the 4th of April, 1889, for the first time. His build was rather weak, his face red; his eyes were watery; his trembling limbs made walking difficult; he was subject to vomiting and pains

[1] *Verhandl. des kaukas. Aerzte Vereines*, 13 December, 1887, p. 390.

[2] "Le traitement des buveurs et des dipsomanes par l'hypnotisme." *Revue de l'hypnotisme*, vol. ii., p. 129, etc.

in the pit of the stomach which he dulled by daily injections of from twenty-five to thirty cg. of morphine, and sometimes also by drinking quantities of cognac. His restlessness was so great that it required ten attempts before I could influence him. He then grew better every day, and the stomach pains disappeared. After thirty-four treatments, he handed me of his own accord, and gladly, the hypodermic syringe. He returned home perfectly cured in the beginning of July, 1889, after his drinking habit also had finally been overcome. He wrote to me on November 26, 1889 : " Your photograph stands on my desk so that I may always have it before my eyes, and it seems always to say to me : 'Morphine was the curse of your life and you must hold it in the greatest horror!' So I do, and I trust that I always shall. I wish that all such sufferers, who in the future are treated by you, may experience the same good result from the hypnotic treatment ; that it is the best remedy for the abuse of morphine, I can best of all prove, as I was thoroughly saturated with the poison. I continue to have a good appetite and to sleep well ; this is probably greatly helped by being much in the open air and by being careful with my diet, to which, as you know, I did not pay much attention in former days." I will only add that a relative called on me the 3d of February, 1890, and read me a letter from his mother who wrote joyfully about the son's complete cure of both the morphine and the drinking habit, and about his regular and industrious life.

The next case has a still greater interest. I was not able, after two years of treatment, to check the morphine habit, although the patient improved in other respects.

72. Lisen G. forty-two years old ; single. She had suffered since 1882 from insomnia, inactive bowels and frequent vomiting. She was very much distressed by different kinds of nervous spasms, and to relieve these, hypodermic injections of morphine were administered in February, 1885, and these she had continued at short intervals. She was able to do without morphine for two months in 1886, but her condition was, nevertheless, very miserable. In the autumn of 1887, she had still more violent vomiting, which consisted mostly of greenish water, and her sleeplessness became unbearable. I saw the patient for the first time on the 12th of December, 1887. I commenced the treatment on December 18th. She was then pallid and emaciated and suffered greatly from vomiting, insomnia and spasms, besides occasional nervous pains. Her condition improved a little toward the end of February, 1888, and she could do without morphine for a short time, but she grew worse again on account of her anxiety for her father, who,

about that time, was to undergo an operation, and she recommenced the use of morphine at the beginning of March.

She felt better during the last part of the spring and in the summer, and used morphine only in the night. She went away in the beginning of July, and was again obliged to use morphine during the day on account of violent neuralgic pains. She tried to leave it off in the beginning of August, but she could not, as the vomiting made her too miserable. She became very weak and sleepless in August and September, and none of my suggestions during hypnosis had any effect. She suffered from spasms of the bladder in the following autumn and winter, and nothing could relieve her but strong morphine injections. This trouble finally extended to the hands and feet, but they were always relieved by suggestions. During the spring and summer of 1889, she made a stand against the use of morphine when in pain. I was able to diminish her sufferings, but could not relieve them entirely. The menses were irregular and in the beginning of June still copious, but, later, absent. She wrote in her diary the 13th of July : " In bed ; I have wept long and sometimes hysterically ; the nights are horrible. I have succeeded in using only a small dose of morphine. The nerves of my head are painful, I can neither think nor read, and have no memory. This makes me suffer terribly. The cause of it all is said to be abstinence from morphine. Dr. X., who came, says that my tears probably saved me from severe brain disease."

I went away about this time and she wrote to me on the 17th of July : " The strength will not return. I am so sorry to use morphine again and to be obliged to increase the quantity. God only knows how much misery is yet in store for me." Her condition was scarcely normal in August ; she fainted sometimes and vomited often. She took chloral every evening, and at the end of September and October she had very bad pains in the arms, hands and feet. At this time she used six or seven injections daily (grm. 3 : grm. 90.), and seemed quite indifferent as to the ruinous consequences. " And yet,"— she said —," I felt sorry not to be able to put an end to all this misery." The spasms returned with increased strength. I had not seen her since the beginning of July, when she called on the 7th of October. I proposed a prolonged sleep, which would probably last for three weeks, and she would then wake up cured of morphinism and well. She gladly accepted, and I put her to sleep in the evening of the 9th of October. She slept the whole night, day, and the following night. Upon awaking on the morning of the 11th of October I injected a small dose. She did not, afterward, ask for any more morphine. She vomited on the 13th of October, and had, also, diarrhœa, all of which was relieved, however, by suggestions. From that moment her strength commenced

to increase rapidly, her appetite improved greatly, and suggestions regulated her bowels, which previously had been moved only by artificial means; in the same manner menstruation was re-established on the 30th of October, and has remained normal ever since. All pain, spasms and morbid conditions have disappeared, and also the craving for morphine. She wrote to me on the 20th of January, 1890: "You know that I am now mentally and physically well, and that my gloomy thoughts have changed. How can I thank you for this?" She slept almost incessantly during the three weeks' treatment. I visited her, at first, three times a day, and, later, only once. While she had her meals and on some other occasions, she was half awake, but slept almost immediately after having eaten. Every time I went to her I suggested a horror of morphine, and commanded her to get good sleep, appetite and strength.

If I should now be asked whether this treatment can be repeatedly used in morphinism, I believe I can answer in the affirmative. I have made use of prolonged sleep on three other occasions with good result, and shall do the same in the future. It is not always necessary that the sleep should be so deep. The more frequently the physician visits the patient the better, as the sleep, then, always becomes deeper and deeper and I believe that the result is thereby more easily reached. This treatment can naturally be pursued with greater facility in a hospital, but it succeeds also at home, as not one of my morphine patients has been in a hospital. The hypodermic syringe was handed over after the first treatment in one case, but so quick a result is comparatively rare, and the cure is not, in general, even with suggestive therapeutics, so easily obtained as one might suppose from Voisin's[1] report of one case, which he cured. My opinion is that this method of treatment is, at present, the best that can be offered and merits being employed by all enlightened physicians. It is, at any rate, of far greater value than Pichon[2] admits in the very few lines which he devotes to it in his otherwise excellent work upon morphinism.

I have treated a case of chloralism by hypno-suggestion, and will describe it somewhat in detail.

73. Sofie D. forty-eight years old; wife of an apothecary. She suffered from insomnia for about eight years and had used chloral,

[1] "Traitement et guérison d'une morphiomane par la suggestion hypnotique." *Revue de l'hypnotisme*, vol. i., p. 161, etc.

[2] *Le morphinisme. Études cliniques*, etc. Paris, 1890, p. 290.

which finally became an absolute necessity for her. She could get no sleep if she neglected to take the dose in the evening. She had tried several times to sleep without it, but never succeeded. Her physician advised her to visit me, which she did on the 28th of March, 1888. I noted then that the patient looked very pale and was emaciated ; her limbs trembled ; she was very restless and complained of undefinable, intermittent pains, and of tormenting sleeplessness ; she was constipated and her eyes were bloodshot ; otherwise there was no disease. Her husband, who accompanied her, said that he sometimes had to give her six to eight grm. of morphine before she could get to sleep. It was difficult to influence her on account of her great restlessness, but I succeeded, after a fortnight's treatment, in producing deep hypnosis with amnesia on awaking, thus obtaining the desired result. Her general condition had already improved considerably and her sleep also grew better, so that the dose of chloral could be diminished, but it was not withdrawn completely until the 15th of April. As a result of withdrawing it, a peculiar excited condition then manifested itself with hallucinations and, at times, maniacal outbreaks, which were all lessened, however, by suggestions during the hypnosis. She became perfectly normal and well by the 18th of April and, up to the present time, has not taken a drop of chloral. She returned home at the end of April, and I have since then received many letters and telegrams from her informing me that both her health and sleep were excellent, and that she had not even thought of chloral since she left Stockholm.

I have also treated successfully by suggestion three cases of nicotinism, and I know for a certainty that at least one had had no relapse one year after the treatment. The history of this case, which, in more than one respect, is of great interest, I will give as follows :

74. Johann O. twenty-four years old ; commercial traveller. The patient smoked excessively and always the strongest cigars. His nervous system had suffered therefrom, although he looked strong. Appetite very poor and the tongue much coated ; dizzy when walking ; the pupils much dilated ; pulse weak, but not intermittent. He was in this condition when I saw him for the first time on the 25th of October. His employer told me that he was fond of playing cards. He was tired and indifferent, and whenever he had had any misfortune, he would lie absolutely quiet the whole day without sufficient energy to get up. He neglected his duties of writing to the firm at least twice a week. After a fortnight's treatment he was able to leave off smoking, his condition improved every day, and, as already stated, he was, in every respect, well at the end of the two weeks.

A man of strong will would, of course, immediately have forced himself to cease smoking, but I doubt, as does also Lloyd-Tuckey [1] (who, in his work, mentions a case similar to one treated by Liébeault), whether the cure would have been as rapid, or whether the symptoms of nicotinism could have been removed as promptly without the aid of hypno-suggestion.

XVI.—ANÆMIC CONDITIONS—CHLOROSIS.

Young or middle aged women frequently consult the physician in regard to anæmic conditions, the most prominent of which are a pallid complexion, lassitude and weakness, dyspeptic disturbances, neuralgias along various nerve paths, headaches, palpitations of the heart and leucorrhœa. The anæmia may be essential, and if so, the cause can not be investigated. It may depend upon an imperfect assimilation of food, or may be the result of frequent hemorrhages as, for instance, metrorrhagia, hemorrhoids, or from a too protracted nursing. All such anæmias, the source of which is not severe, internal sufferings, are susceptible to treatment by hypno-suggestion. I have never had occasion to analyze the blood of such patients either before or after treatment, and cannot, therefore, assert that the blood immediately regains its normal character. I can say with certainty, however, that the condition improves after a few treatments, the appetite becomes better, the cold hands and feet grow warmer, the headaches disappear, and most remarkable of all, the leucorrhœa ceases. A desire to live and better spirits are manifested, and capacity for work as well as the contentment it brings, increase in a marked degree. One who has observed this cannot help thinking that anæmia,—I do not, of course, mean under all circumstances—, is a disease of the nervous system, a defect of innervation, and that the poverty of the blood is but a secondary symptom like the rest. I have treated many cases which have been cured in a few treatments, when iron had been used for months without benefit. Most patients of this class are very susceptible to hypnotic treatment. They generally become good somnambulists, and I fully agree with Liébeault [2] in this, that anæmia forms the most predominant feature at the time of the production of somnambulism.

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[1] *Psycho-Therapeutics or Treatment by Sleep and Suggestion.* London, 1889, pp. 40, 41.

[2] P. 451.

It seems remarkable that a trouble as obstinate as leucorrhœa, and which defies all remedies, should disappear so quickly by suggestive treatment. In the spring I treated a girl of seventeen; leucorrhœa had been very persistent in spite of all possible remedies, but, nevertheless, it ceased after the fifth treatment. I advise those physicians, who, as I hope, may in the future make use of hypnotism, to begin the treatment with hypno-suggestion, and they will be surprised at the successful outcome of their efforts. I will give a few typical cases.

75. Carolina N. thirty-seven years old; married. Suffered several years from general debility and anæmia. She came to me on different occasions, and I prescribed iron, both in pills and in liquid form, but without really obtaining any improvement and she remained just as tired and unable to work as before. The 24th of May, 1887, she was an emaciated, pale-looking woman, feeble and tired, with no appetite; she could work very little and lift and carry only the lightest weight, was short breathed when going upstairs and had pains in the back, especially when walking. There had been no menstruation for a year. Examination discovered no organic trouble. Leucorrhœa was very profuse and a cause of great anxiety to her. I hypnotized her that day, and sleep in the fourth degree resulted. There was manifest improvement by the 26th of May; leucorrhœa was less and there were no pains in the back; patient felt better and was in good spirits. She paid me a few more visits and was entirely cured by the 11th of June, having then no signs of disease and no leucorrhœa.

The next case is somewhat similar, but the anæmia was accompanied by various nervous symptoms.

76. Anna Christine L. thirty-two years old; married. She had had nervous headaches for many years, and also pains in the left side of the chest, which induced her to consult me on the 6th of September, 1889. She was a feeble and delicate woman, with a pale and suffering countenance; had no appetite or energy for work and was troubled with poor menstruation and leucorrhœa. I could find no organic disease. For some months she had ceased to nurse her child, and the nursing was probably the cause of her anæmic symptoms. She was hypnotized that day, and proved an excellent somnambulist. On the 18th of September, and after only four hypnotic treatments, she was in good health and is in the same good condition today. The leucorrhœa and nerve pains have disappeared, and her strength is normal.

This patient proved to be a very good medium; I will describe the peculiar condition which was so very easily produced in her and which Brémaud [1] calls "fascination." After I had been looking steadily at her for a few seconds, her eyes would be riveted to mine and as rigidly as if dead. The facial expression was that of a corpse and the features were absolutely immovable. It was as if death had suddenly put its stamp on her face. She would follow me wherever I went. Meanwhile she was not susceptible to any impressions; on speaking to her she would not answer, and if a pin was pushed into her body, she would not feel it. As soon as I breathed on her eyes, the spell was broken, the features were animated and her condition again normal. Her sensation was as if a heavy burden had been removed. She had been conscious of all that had happened and yet not able to exert her will.

This remarkable condition can be produced in a great many people, young and old, men and women, and most successfully in those individuals whose visual axis has a parallel direction, giving the eyes a dreamy look which seems to indicate that the mind does not dwell on surrounding objects. It is just the contrary with those persons, who constantly fix their eyes and never remove them from the object, but hold it steadily in view with convergent visual axis. It is exactly this position of the visual axis which Harless [2] in his ingenious work proves to be all important for the character of the visual expression, and, therefore, also for the whole face, and enables us to read a person's thoughts, emotions, and sensations.

There were various dyspeptic disturbances with anæmia in the following case.

77. Amalia L. twenty-four years old; single. Had been tired and weak since the spring of 1887. Another physician had previously prescribed iron pills, which had not produced the least improvement. I mention this, merely to show that he also considered anæmia to be the cause of her sufferings. She consulted me on the 23d of September, and complained of dyspeptic symptoms, with tenderness in the pit of the stomach, poor appetite, pains in the back and beneath the shoulder-blades. She was pale but not emaciated; the menses were regular, and there was no leucorrhœa; she felt depressed and unable to do even the

[1] "Des differentes phases de l'hypnotisme et en particulier de l'état de fascination." *Bulletin de la société hystérique*, 1884, No. 1, p. 44.

[2] *Lehrbuch der plastischen Anatomie.* Stuttgart, 1856, vol. i., p. 104, etc.

least work. As a friend of hers had been cured of the same symptoms by hypno-suggestions, she asked me to treat her by the same method. I hypnotized her after examination had indicated that the treatment would be the proper one in her case, and after a few minutes she fell into deep somnambulism. She visited me six times, and grew better every day. She was entirely cured by the 8th of October, and said that she never before had felt so well. She still continues in good health.

I have also treated by this method three cases of chlorosis, one of which was a boy of thirteen years who came to me on the 23d of May, 1885, for the first time. The disease was very marked; he looked pale, weak and tired, was very sensitive and wept easily. His legs were very tired and pained him in the evening, in short, he manifested all the chlorotic symptoms. I hypnotized him that day and six times afterward until the 16th of June, when he was well in every sense. That he is still normal and healthy, I have heard from different persons. The other case was that of a girl of sixteen who had been ill for two years. This case is interesting also for this reason, that the disease came suddenly after a violent shock to the nervous system, caused by a fire which broke out in the house where she lived. She had taken iron both in pills and solution, had been drinking mineral water, and had used arsenic also for two months during the summer. Nothing had helped her. She visited me on the 29th of August, 1887, for the first time, and had all the usual symptoms of chlorosis. She was well by the 7th of December.

The next case illustrates that auto-suggestion in a particularly sensitive subject may call forth diseases, but it also shows that suggestions of health can easily establish the disturbed equilibrium, when other means have failed.

78. Anna H. twenty-six years old; married. I visited this patient in January, 1889. She had been weak and out of health for several years, and had taken medicines constantly without avail. The physicians had advised her to go to a hospital and she did so, but left after staying there a week. She was then in bed for seven weeks. I found her emaciated, with yellowish complexion, violent palpitations of the heart and terrible weakness. She was constipated and unable to eat and sleep. I could not discover any material organic changes which would have explained the high degree of anæmia, lack of strength and all the other disease symptoms. I heard that she had been very much spoiled by her sur-

roundings. Her husband told her constantly how weak and tired she looked, and her relatives, the same story ; even her physician was weary of her, and repeated that she probably never would get well, as no remedies, which he had given her, had had any effect.

I said at once to myself, here we have the effect of incessantly repeated suggestions. This thought stood immediately before me as a living truth, and I acted accordingly. I told her that her disease existed only in her imagination, but, for all that, it was no less real. She was soon cured by an effort of thought, and by leading it in another direction. I commanded her, with great seriousness, to get out of bed one hour after my departure and come to my office. She came, and from that moment there was no further need of her staying in bed. Later, I used suggestions in the hypnotic state, which was never very deep. During somnolence she heard everything, and remembered, when awake, all I had said. She improved rapidly and in a few days she slept and her bowels moved normally at a fixed hour ; the palpitations disappeared and appetite and strength increased daily. She is now, in March, 1890, well nourished, has red cheeks and is hardly to be recognized when compared with her appearance of a year ago.

One forenoon in the summer she came to me in a very excited and anxious state of mind after a sleepless night. She said that somebody had told her that the disease would soon return, and this thought had greatly disturbed her. I calmed her fears, which was all that was necessary to re-establish her mental equilibrium. She was as well again as before, and nobody is now capable of making her believe that there will be a return of her disease. Everybody could convince himself of her healthy condition during my lectures for physicians upon suggestive therapeutics, in the autumn of 1889.

Every physician must surely recall such cases, and there can be no doubt that auto-suggestion, strengthened by outside suggestions, plays a greater rôle than present medical theories will admit.[1]

XVII.—RHEUMATIC DISEASES.

Chronic rheumatism belongs to those diseases which, as I have found, can be favorably influenced by hypnotism. Braid,[2] as he observes in one of his works, has treated this disease hypnotically with much success, and Bernheim[3] also. I have myself employed

[1] See, for instance, Coste, *L' Inconscient. Étude sur l'hypnotisme.* Paris, 1889, p. 87, etc.

[2] P. 195, etc.

[3] P. 520, etc.

the method in both chronic and acute articular and muscular rheumatism, lancinating pains and lumbago. In most cases I have given relief at least. The following is an example.

79. Carolina C. sixty-three years old; married. Had been suffering for about twelve years from rheumatism, and was often obliged to keep her bed for several months at a time on account of the pains and stiffness of the limbs. She suffered greatly in 1886. On the 12th of April, 1887, she consulted me for the first time, coming in for the purpose from her home in the country. She could not walk, but had to be carried into my office. She was very corpulent, looked healthy and strong, complained of pains in the region of the right hip-joint and in both knee-joints, and could therefore not walk without severe suffering. I could find no trouble in the joints except a certain stiffness and tenderness on pressure; there was no swelling, nor malformation. She was otherwise healthy, but did not sleep well on account of pain. I tried hypnotism at once, as she had experienced but temporary relief from baths at Norrtelje and from various liniments and medicines. She felt better at once after the first treatment; on the 16th of April she came alone and was considerably better by the 22d of April, when the treatment ceased. She could walk without difficulty, although there was still a certain stiffness of the joints. All pains had disappeared and her sleep was good. I received word from her on the 8th of June that she was even better then than at the time of her departure, that the pains had disappeared, and that she had not spent a single day in bed. I have not heard from her since then.

The next case might, at first sight, be considered miraculous, but it is just in such conditions that an instantaneous cure can be made, by fascination, in impressible subjects.

80. H. H. fifty-five years old, widow. The patient felt stitches in the left breast under the nipple in the beginning of June. The pains were more violent upon deep inspiration or when she made a quick movement. She was in bed when I visited her on the 14th of June and had to lie in a certain position on account of the pains. The objective symptoms proved the chest organs and the lung area to be normal. I proposed hypnotism, and she acquiesced. There was only a slight amount of somnolence and heaviness. I woke her after a few moments and then put her to sleep again, and this time the sleep was deeper. I woke her a second time and hypnotized her once more, with somnambulism as result. I suggested that she should sleep a whole hour and then be well and free from all pain. She obeyed punctually, and had no trace of pain on awaking.

I should like to call special attention to this method of hypnotizing. When it does not succeed the very first time in bringing the patient into a deep sleep, repeat the attempt several times, waking the patient up each time until hypnosis is complete; the suggestibility is then generally found to be much greater.

The following case was instantly cured in my presence.

81. Johann Erik J. thirty-one years old; gardener. On the 22nd of August, 1887, the patient suddenly felt pains in the right shoulder, could not raise the arm and was for several days unable to work. He consulted me on the 26th of August. Upon examination, I found sensitiveness on pressure at the upper part of the cucularis and deltoid muscles, which prevented him from moving the arm sidewise. He could not put his coat on without the greatest difficulty and most intense pain. I hypnotized him; somnambulism resulted. On awaking, he was able to move the arm in all directions without the least pain. He was cured with what might be called lightning rapidity. I heard, a few days later, that on his return home he had commenced work at once, and that since then there had been no pain.

The next is a case of rheumatic lumbago.

82. Magnus P. thirty-four years old; joiner. I went to see the patient on the 13th of May, 1887. He was in bed, and had suffered for eight days with constant pains in the back. He had the most terrible pains when he turned over on his side, and he could not raise himself in bed. He was pale and emaciated and felt very weak. As I inferred the presence of Bright's disease from his appearance, I analyzed the urine with the usual merc. chlor. iod. potas. paper,[1] but finding no albumen, and his pulse not indicating the presence of any kidney disease,[2] I thought myself justified in considering the case one of lumbago. I hypnotized him; result, fourth degree, deep sleep. On awaking, he could get out of bed and walk up and down the room, without feeling, to his great surprise, any pains in the back, unless he bent low, forward or backward. May 14th: He had pains yesterday for one hour, but slighter. He was again hypnotized; somnambulism resulting and amnesia, on awaking. I made the suggestion that he should come and see me the next day, and afterward go to his work perfectly cured. He came the 15th of May and felt as well as ever. I have not heard anything from him since.

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[1] Oliver. *On Bedside Urine Testing*, London, 1885, pp. 109–130.

[2] Purdy. *Bright's Disease and Allied Affections of the Kidneys.* London, 1886, p. 154, etc.

In regard to the description of these rheumatic diseases, I wish to remind the reader how often we are consulted by patients, who complain of all possible pains such as, for instance, stitches in the chest, etc. All of these pains have, often, a rheumatic origin, as have also many other lesser troubles, which Piorry[1] and Lionel Beale,[2] (whose works I warmly recommend to my younger colleagues), have described in so masterly a manner. I would remind those physicians, who have recently left the hospital clinics, where they have seen so many serious and doubtful diseases, of the fact that, fortunately, it is not such diseases, which they will meet most frequently in life, but, on the contrary, a number of minor sufferings. As soon as I can classify the trouble as muscular rheumatism I prefer to produce the condition called "fascination," which enables me to suggest the complete disappearance of all pains. I could present a whole series of such rapidly cured cases.

XVIII.—HEMORRHAGES.

Dr. Charpignon, in Orléans, who has devoted himself for years to hypnotism, and published valuable works on the subject, relates in one of them[3] how he succeeded by "magnetic passes," *i. e.* by suggestion, in stopping instantly a pulmonary hemorrhage. Many such cases are to be found in medical literature. I will refer to the latest case published. During a discussion at Toulouse, arranged by the *Association française pour l'avancement des sciences*, Dr. Bérillon[4] of Paris reported that he had stopped a uterine hemorrhage by hypno-suggestion. The woman, who was nearly dead and almost bloodless (*presque exsanguée*), stopped bleeding at once. I have personally had three hemorrhagic cases in which I have employed hypnotism. One case was that of cancer of the uterus, the other, violent nose-bleed, and the third, hemorrhage of the stomach. The results were astonishing. I will give the details.

83. Christina G. fifty-seven years old; widow. Had for a few years been subject to occasional, severe uterine hemorrhages, which

[1] *La médecine du bons sens. De l'emploi des petits moyens en médecine et en thérapeutique.* Paris, 1864.

[2] *On Slight Ailments, their Nature and Treatment*, especially recommending the excellent introduction to the work. London, 1880.

[3] *Physiologie, médecine et metaphysique du magnetisme.* Paris, 1848, p. 176.

[4] *Revue de l'hypnotisme*, vol. i., p. 140.

were in general of short duration. These hemorrhages increased in frequency in the spring of 1887, occurring almost daily and thus debilitated her considerably. I tried various remedies, without success. The 16th of May, the patient looked pale and thin, had a suffering expression, violent pains in the back, which prevented her from sleeping, and a strong and foul smelling discharge. On examination, it was found that the vaginal walls in places were as hard as wood and infiltrated. The lower uterine segment was a cartilaginous hard mass. From the uterus exuded a great quantity of blood. I had recourse to hypnotism, as I had no other means at my disposal, and obtained a sleep of third degree. The hemorrhage stopped after the second treatment. She came, after this, a few times a week, and felt so much better that she finally grew hopeful of complete recovery. This was, of course, a mere illusion, caused by the remarkable change which hypnotism had effected. The discharge diminished perceptibly, and the pains in the back were less severe, so that she was able to sleep better. Her condition was endurable during the summer, and only in October did the hemorrhages return, and were, as before, checked by hypnotism. Her condition grew worse and worse, however, and in the beginning of 1888, death relieved her.

There is nothing remarkable in the fact that hypnotism can check uterine hemorrhage. We often see that the ordinary menstruation can suddenly cease from emotional causes. In both instances, it is a vaso-motor effect.

The second case was a violent nose-bleed in a man aged thirty-five years, who had suffered from Bright's disease for many years. I remember a similar case, which I treated many years ago. He also had Bright's disease, and a colleague and I had great difficulty in checking the nose-bleed by plugging the posterior nares. The bleeding recommenced as soon as the tampon was removed. This case impressed me very much and I decided to try hypnotism. He fell into somnambulism, perhaps the deepest that I have ever seen, after I had regarded him fixedly for a few minutes, and the bleeding stopped all of a sudden. I could not get a word from him during the sleep, but I knew that he heard me and, therefore, was in rapport with me, from the fact that he opened his eyes and woke up when I commanded him to do so. He has never had nose-bleed since. This occurred on the 24th of August, 1887. The patient's disease was, however, so far advanced by that time, that he did not recover, but died toward the end of September.

Medical literature contains many cases in which hemorrhages of various organs have been produced by psychic causes. I will refer only to Koths's[1] remarkable case during the siege of Strasburg. A woman had violent hemorrhage of the stomach caused by fright during the Prussians' entry into the city. The same happened again to her two years later, after having been well all the intervening time, from fear caused by a fire. Hack Tuke[2] reports, in his interesting work, several cases of hemorrhage from other organs, as the brain, lungs, etc.

I have observed in the following case, and on four different occasions, hemorrhages from emotional sources.

84. Anna S. thirty-five years old; married. I was called to this patient in the autumn of 1886. She vomited blood. As it was the first time I had seen her, I was not very certain of the cause of this. I prescribed the usual remedies, but the hemorrhage did not cease until ten days later. As this recurred in February, 1888, I thought there might be a psychic cause. It was so. There had been a domestic scene, and the hemorrhage followed immediately. I now hypnotized her and the hemorrhage stopped at once, and three days later she was able to get up. In April, a similar scene had taken place, and this time she lost the power of speech and seemed paralyzed in the left arm and foot. Her speech returned to her in a few days, but the lameness remained. I employed suggestion during the sleep, which was very deep, with amnesia on awaking. After sixteen treatments, her arm and foot were again normal. The same cause produced hemorrhage twice, later, which was checked in the same manner during hypnotic sleep. She has never shown symptoms of any stomach disease, had no pains after meals and was able to eat anything. These hemorrhages, which clearly were caused by emotions, were also directly checked by suggestive treatment.

XIX.—CONSUMPTION.

It is not my intention to intimate that a cure of this grave disease can be obtained through hypnotism. I have reported my experience in the November number of *Hygiea*, 1887, and I will here only touch upon the power of hypnotism to remove certain painful symptoms, or, at least, to mitigate them. Hypnosis can be used on so many occasions during the course of the disease,

[1] "Ueber den Einfluss des Schreckens beim Bombardement von Strassbourg auf die Entstehung von Krankheiten." *Berlin. klin. Wochenschrift*, 1883, Nos. 24–27.

[2] Vol. i., p. 118, etc.

that its therapeutic rôle has thereby won a valuable and extended field. I have employed hypno-suggestion for three purposes: to increase the appetite, to remove pain and stitches in the chest, and to produce sleep and quieter nights. Whenever I am consulted by a consumptive who has no appetite, if I find that no other means are helpful, I make suggestions during the hypnosis. Although the following case does not deal with tuberculous phthisis, as bacilli were not found in the sputum, I will, nevertheless, mention it as a proof of the favorable influence of hynotism upon the appetite.

A lady of twenty-eight years consulted me on the 16th of October and informed me that she had suffered from phthisis for a year, which statement her former physician confirmed. She was a small, delicately built and thin woman, in whom, on examination, I found catarrhal symptoms at the apex of the left lung; stitches in the chest; a very intense morning cough; yellowish, thick sputum, which did not contain at any time, when analyzed, tubercle bacilli or elastic fibres. She was weak and without appetite, but slept well when the cough did not disturb her. There was no fever nor night-sweat. She was hypnotized; somnambulism resulting. I suggested a better appetite and a disappearance of the stinging pains. Upon her return a few days later, she declared that she was entirely free from pains in the chest and that she had a better appetite. She visited me in all twelve times, and her condition improved very much. She was then able to follow my prescribed diet, and to inhale sulphurous acid vapor. The sputum had changed in appearance; the apex catarrh in the left lung was considerably less; stitches and pains in the chest were entirely gone.

Among my notes, I have several cases of genuine tuberculous phthisis where the appetite has been considerably improved by hypnotic suggestion. Liébeault[1] has made similar experiments, and cites, as an example, a highly interesting case.

A single hypnosis has sometimes so favorable an effect upon the consumptives, that they believe themselves cured.[2] Such was the case with the patient of whom I will now speak more fully.

85. Mathilda B. twenty-four years old; seamstress. She had been in good health until the spring of 1886, when she took cold while

[1] P. 473, etc.

[2] Liébeault has also observed this, p. 475.

washing. After that she had a cough, and noticed also a diminution of her strength. She had never had hemoptysis. Her parents are living and well. This is again one of the many proofs, that phthisis is not always an hereditary disease. The 1st of December, 1886, I noted: patient very pale, but not emaciated. Strongly built. Crepitation over apex of left lung, and most noticeable after coughing, and enfeebled respiration. Quick irregular inspiration sound over apex of right lung, but on percussion, no difference in sound anywhere. Weak, and not able to work; hands and feet cold, fever in the evening and night sweats; almost no cough during the day. Sputum most profuse in the morning, almost serous, frothy, of a yellowish tint; containing a great quantity of roundish cells, in which were found not only some small tubercle bacilli, but also a still larger number of similar ones, free and of greater dimensions. Elastic fibres could not be discovered. This was her condition when I commenced to treat her. The disease progressed, but I will not further describe its phases as it has no particular interest. What tormented her most of all during the following spring, was sleeplessness, caused by continuous coughing.

I hypnotized her for the first time on the 16th of May and after it she felt so much better and stronger, that she was absolutely sure of being speedily cured. I commanded her to sleep from nine P.M. to eight A.M., and this she did punctually until her death, which occurred on the 4th of July. During the first weeks, she slept the whole time, as suggested, without any interruption. Her mother, who was very joyful over these quiet nights, came to me one day in great fear and said that the girl, although she no longer coughed during the night, yet had genuine attacks of suffocation. Suggestion helped also to relieve this. I was with her twice at 7.30 A.M. and found her still asleep. As the church clock struck the four quarters, she grew somewhat uneasy and restless, but opened her eyes only when the clock commenced to strike the hour and then greeted me cordially. I shall never forget the expression of gratitude which I saw in her happy face. The physician learns in such moments how noble his work is. But to return to the patient. She continued to sleep according to the church clock as I had suggested, but it did not always correspond with the one over her bed. The mother said it often happened that the sick girl did not feel as well in the evening, had more pain in the chest and difficulty in breathing, etc., but as soon as it drew near nine o'clock, the pains were as if smothered, her eyes would close and she would fall into the deepest sleep which no noise could disturb. Nevertheless, she could hear my slightest whisper, and would answer all the questions which I addressed to her during the sleep. Her feet swelled before her death, probably from amyloid degeneration of the

kidneys, a usual occurrence in the last days of consumption, and the quantity of urine was very small. I then suggested a copious secretion of urine, and succeeded in bringing about the desired result. I do not know the character of this urine, as I did not again analyze it.

Research of this kind, which is naturally of great importance, ought really to take place in the clinics. Whenever I visited the patient, I found her depressed and sad, but my suggestions imparted to her consolation and comfort. It was touching to see with how much resignation this young girl awaited the coming of death, being influenced during sleep by my suggestions to that effect. Her image remains indelibly in my memory. The physician must be forgiven if his words, under such circumstances, are dictated by his emotions.

During the winter of 1886 and also in the following spring, I treated a youth, about eighteen years old, who was suffering from phthisis. His worst affliction was stitching pains in the chest, and an oppression as if a tremendous weight were on it. When I proposed to employ hypnotism, he objected, being afraid of it, and his parents also were antagonistic to the idea. I then asked a brother, two years older, to allow himself to be hypnotized by me in their presence. He acquiesced, and proved to be a good somnambulist. He was able later to hypnotize himself. His mother surprised him a few times standing before the mirror, immovable and rigid and with open eyes. This is the only case of self-hypnotizing that I have ever observed. It is a dangerous capacity, of which I deprived him by suggestion. The patient had no more objections after having seen his brother in hypnosis, and I soon succeeded in putting him also to sleep. The stitches and the heaviness of the chest disappeared after a few treatments.

I have employed hypnotism in many cases of pulmonary consumption. A lady of twenty-two years had solidification of the superior lobe of the left lung and stitching pains in the left side which my suggestions removed, and she was able to breathe more easily. She had suffered a long time from constipation, and had been obliged continually to increase the strength of the cathartics she used. When I commenced my treatment, I first tried belladonna pills; these are recommended by Trousseau,[1] and I often use them in my practice. The effect was satisfactory, but not permanent if she stopped taking them. I then had recourse to suggestion, and her bowels became regular without any medicine. She also slept from nine P.M. to eight A.M., and dispensed with

[1] *Clinique médicale.* Paris, 1868. vol. iii., p. 181.

Rosén's chest drops, which she had been in the habit of using. A lady of fifty-three was also able to sleep through suggestion. In my opinion, consumptives are generally very susceptible to hypnotism and, according to what I have seen, are highly suggestible somnambulists. In the spring of 1887, I had the opportunity of observing this in a woman twenty-seven years old, who was in the last stage of phthisis. When I visited the patient on the 20th of April, she complained of having had, for weeks, pains in the left hip and foot. This pain had no palpable cause. I hypnotized her, obtained somnambulism immediately, and upon awaking there was no pain, nor did it return. On the 25th of April she sent me word saying that she felt stitches in the chest and had been sleepless for a few nights. To test her suggestibility I then wrote on a piece of paper:—"Dr. W. commands you to fall asleep immediately after having read this, and to sleep a half hour, then to wake up and not feel the least pain; also you are to sleep regularly every night from nine P.M. until eight A.M." I called again on the 27th of April, and learned that my suggestions had succeeded to the letter. The patient, who did not know how to read, had asked to hold the paper while it was read to her. She then immediately went to sleep for half an hour and was free from all pain on awaking. The pains in the hip and in the foot did not return, nor did the stitches, and she slept every night as suggested, until she died a fortnight later.

I could give other examples, but these are sufficient. I trust they may be a strong proof of the invaluable means we possess in hypnotic suggestion, even in the treatment of phthisis. If this method is commenced early enough, we can then dispense with many other remedies. The above mentioned Mathilda B., for instance, had, for two months, no other medicine than atropine, which I sometimes prefer to other drugs for the purpose of checking the unpleasant night sweats.[1]

I know of no other remedy that soothes a dying person more than hypnotism, which so often produces a real euthanasia. But hypnotism itself can also fail, especially if it be employed too late, when the pains are too great and too deeply rooted to be eradicated from the sufferer's consciousness. The otherwise all-powerful thought is then altogether too feeble, and has not the strength to conquer other sensations.

[1] William Murrell. "On the Treatment of the Nightsweating of Phthisis." *The Practitioner*, vol. xxiii., p. 91, etc.; vol. xxv., p. 88, etc.

XX.—ASTHMA. NERVOUS COUGH.

At the present time, it is doubtless generally admitted that there are various forms of asthma which must be considered as nervous diseases, *i. e.*, as a disease of the nervous system. Such an opinion is based upon a number of clinical facts, which may be found enumerated and discussed by Douglas Powell,[1] and which I will not mention here in greater detail. This circumstance makes it, however, *a priori* probable that suggestive therapeutics would exercise a favorable influence upon the nervous forms of asthma, which presumption is also confirmed by experience. I have seen asthmatic attacks of purely nervous origin disappear completely, and in two cases I know that up to the present date no attack has returned during a period of two or three years. For this reason one may consider the patients cured. I will mention one of these cases.

86. Anna B. twelve years old. She suffered for four or five years from periodically returning asthmatic attacks. The cause was unknown. Both parents are healthy and the disease, therefore, was not hereditary. When I saw the girl for the first time, on the 20th of March, 1888, she was sitting up in her bed, the very picture of an asthmatic sufferer. She could not lie down, as she was then in danger of suffocation. She was very much exhausted and her vitality was very low an account of lack of sleep and appetite. She had to inhale the vapor of stramonium leaves every night to make her at all comfortable, but even this did not always help her. The family physician had advised hypnotism, and the very same day on which I saw her, hypnosis was induced. She felt easier at once after the first treatment. Eight days later she was able to leave her bed and to come to my office. About twenty treatments freed her entirely from the asthma, and from the middle of April until today she has not had another attack of the disease.

I have also employed hypno-suggestion in several cases of symptomatic asthma. Although it did not result in an absolute cure, I have, nevertheless, seen some cases, complicated with chronic bronchitis and emphysema, which received considerable alleviation from psychic therapeutics. The following is an example.

87. Ulla L. fifty-eight years old ; single. She had suffered for several years from chronic bronchitis and emphysema of the lungs to-

[1] *On Diseases of the Lungs and Pleuræ.* London, 1886, p. 244, etc.

gether with almost constant asthma, which changed with every severe periodical attack ; these attacks generally occurred during the night, thus robbing her simultaneously of sleep and strength. I saw her for the first time on the 20th of August, 1889, and found then an extended bronchitis. The sputum was sometimes clear as glass, sometimes a yellowish mucus in which, by microscopic analysis, was found a quantity of the so-called Charcot-Leyden crystals. The thorax was distended and the objective symptoms indicated a slight emphysema. It was difficult for her to mount the stairs on account of shortened respiration. Under such circumstances, I could expect only to ease her sufferings, and she improved so much after twenty-five treatments that she was able to return home. She wrote on the 27th of October : "I send you herewith my cordial thanks for the comfort which the hypnotic treatment has caused me. Ever since my return home, I have felt better each week. Weakness and distress have ceased, and my strength and appetite are today such that I am able to move about freely and can work with ease. I suffer still from asthma during the night, toward three A.M., but not in the same degree as previously."

I was unable to succeed in a very severe case of emphysema, where the perpetual coughing spells prevented hypnosis.

I have observed several cases of nervous cough where all the means previously employed failed even to quiet the patient, while suggestion stopped the cough absolutely. I will cite two such cases.

88. EMIL B. ten years old. The boy caught cold during a drive in the beginning of February, 1889. This was followed by symptoms of acute laryngitis, irritated throat, cough and slight hoarseness. The cough became more and more barking, and troubled him constantly except at night, when he generally slept without any interruption. I was asked to visit him on the 5th of March, after all possible means had been tried. I found him coughing continuously, without ceasing a single moment. The mucous membrane of the throat was reddish, the uvula and the soft palate inflamed and swollen. A laryngoscopic examination was impossible on account of the incessant cough. Hypnosis was instant, and I suggested the impossibility of coughing in the future. The cough really ceased after this first treatment. Symptoms of a faint relapse occurred two months later, but his mother has told me quite recently that, since then, there has never been any cough.

The next case had spells of coughing every night.

89. NILS A. nine years old. The boy was in good health when he, accompanied by his parents, came to the city from the country in

the beginning of September. Soon after he began to cough, especially in the night. The cough lasted the whole autumn. My repeated examinations showed no organic disease of the chest. I tried all means, even narcotics, but without any success. The cough finally influenced the boy's health to such a degree from lack of sleep, that he became emaciated and had night-sweats. I commenced the suggestive treatment on the 15th of January. Hypnosis was obtained at first with great difficulty, but after a while, more easily. The parents noticed a considerable improvement after about ten treatments. The cough had ceased, there were no more night-sweats, and he had regained his usual strength when he called to see me on the 16th of February. I saw the boy for the last time on the 11th of March, and he has remained well ever since.

XXI.—HEART DISEASES.

Contrary to the opinion of many authors, who, probably without personal experience, consider heart diseases *a priori* an unfavorable indication for the use of hypnotism, I would assert that here also the hypnotic suggestion has a useful field for operation. My own experience is certainly small, as I can present only six cases of organic heart disease in support of my view, but through those I have become convinced of the services which hypnotism may render.

These cases had insufficiency of the mitral valves, with or without stenosis, and the heart action, to be sure, did not grow any more regular than after the use of digitalis or strophanthus, which last is a still better remedy than the first, as it does not have an accumulative, and in many instances an irritative, effect upon the mucous membrane of the stomach.[1] Hypnotism acts beneficially, however, in those cases where the heart trouble is accompanied by anæmia and general debility, as is often the case even when the heart failure is well counteracted and for which, as I have seen during my clinical studies, Professor Malmsten would use Griffith's iron mixture. The following case may illustrate this.

90. Lotten H. twenty-six years old; factory girl. The patient looked pale, but not emaciated; complained of being tired, weak and without appetite; had cold hands and feet, difficulty in breathing, and

[1] Mitchell Bruce. *Materia Medica and Therapeutics.* London, 1886, p. 342.

palpitation of the heart. These symptoms increased during the last two years. On examining the heart on the 30th of May, 1887, I observed a faint systolic, grating noise over the apex. Pulse was regular, about eighty-eight per minute. Its beat suspended now and then at every fifty or more pulsations, and she felt then as if the heart would break. The heart failure was well counteracted and there were no disease symptoms of any other organ. There being no cause for giving digitalis or strophanthus,—one might have thought of bromide of potassium recommended by Botkin in similar cases,—I tried hypnotism. The first treatment failed, but the third time she fell into a deep sleep followed by somnambulism. Finally, her condition improved, her appetite and strength increased, the pain during the suspense of the heart beat disappeared, although its intermittent character could not be changed by suggestion. Her condition improved, however, in many respects. I saw her again six weeks later, and she continued to feel comfortable, but I have since lost sight of her.

I have observed very much the same effect in four other cases, although not in so marked a degree. In none of these had counteracting disturbances taken place. It is quite natural to suppose that suggestion can do nothing for the disease itself in more advanced cases, but where is the remedy that possesses that power? One thing is certain, that it can be successfully used for various painful symptoms. I will say, however, that it is difficult to induce hypnosis in persons suffering from heart disease.

In the following case of a long-established heart disease, I succeeded in producing sleep by the simultaneous use of hypodermic injections of morphine and by suggestion.

91. Edvard A. sixty-eight years old; merchant. Suffered for many years from insufficiency of the mitral valve, but during the previous autumn and the present winter unfavorable symptoms first appeared; these consisted of œdema of the lower extremities, albuminous urine, feeble and irregular heart action, difficult breathing, etc. The labored respiration, having grown worse, was relieved by digitalis. Sleeplessness, however, and a sense of unrest in the region of the heart then supervened. Among other remedies, I have tried sulfonal for this kind of insomnia, but with little or no effect. After having previously induced a light hypnosis by suggestion, I gave this patient a morphine injection of 1 cg. on the 11th of March, as he had spent two sleepless nights. He felt considerably better after an uninterrupted sleep of thirteen hours. Again sleep was suggested and he slept the next day from ten P.M. to seven A.M. He is still under my care.

It certainly could not have been the morphine alone which induced so uninterrupted a sleep, as one could hardly believe that it would have any effect the next day.

I have treated twelve cases of nervous heart beat, and in seven obtained a lasting improvement, while five cases of painful palpitation of the heart of many years' standing were completely cured. Braid and some other authors tell of similar cases. I will cite a case, which I treated three years ago, and where, to my certain knowledge, the palpitations never recurred.

92. THEKLA P. thirty-eight years old; married. The patient had suffered for many years from various nervous symptoms. She was constantly restless and nervous and had occasional headaches. During the last year, she was troubled with very serious palpitations and for this condition she consulted me on the 23d of March, 1887. Her opinion was that she had organic heart disease and, therefore, I told her at once that, in all probability, such was not the case, but that her nervous and restless condition influenced the heart's action. It was as I supposed. On examination, I was unable to find any trace of symptoms which indicated organic heart disease. There was, however, palpitation, which manifested itself less by physical efforts than by psychic influences. Dr. Balfour[1] of Edinburgh has called attention to this very fact and mentioned that, in itself, it shows just the difference between palpitations due to organic heart disease and those caused by nervous disturbances of the heart.

The palpitations did not diminish by resting, but by some emotion other than the one which had originated them. She seldom, therefore, had palpitations from walking quickly in the street, but whenever she got frightened by a carriage or anything else. Then the meeting of an acquaintance, with whom she could talk quietly, would again restore a normal heart action. When she came to me, the palpitations were very violent and her pulse beats were a hundred and fourteen per minute. After she was calmer, I made her rest in an easy-chair, but fifteen minutes later the pulse had the same frequency and she felt the heart strokes plainly. She was hypnotized and after a while entered the somnambulistic state. The number of heart strokes was still the same or, perhaps, even greater.

I applied the sphygmograph to the left wrist, and, after the heart had made several strokes with its former rhythm, suggested, with loud voice, a gradually slower beat. The pulse curve, as is here shown, illustrates the result better than words. The rapidity of the pulse

[1] *Clinical Lectures on Diseases of the Heart.* London, 1882, p. 273.

diminished immediately, and although I had counted one hundred and fourteen beats per minute before the sleep, it made only seventy-two beats during hypnosis and after the suggestion.

The suggestion commenced to take effect. Fig. 3. After she had remained in the hypnotic state for fifteen minutes and the frequency of

Fig. 3.

the pulse was the same as before, I suggested after the fourth heart stroke on the pulse curve, that the heart should work more and more slowly.

I woke her up after having given her anew some suggestions about her trouble. She had then no palpitations, the pulse was eighty per minute, and she told me with a joyful countenance that she felt well. She returned in a few days and had had but very little palpitation. After four more treatments she was completely cured.

I have also treated with suggestive therapeutics a case which Bristowe [1] calls "recurrent palpitation." The opportunity of seeing the patient at the time when he was suffering from palpitations was never offered me. A similar case, however, I have observed for several years, and I will mention it incidentally.

A woman about forty years old had, I believe, five or six times a year, violent attacks of palpitation. I saw her at four different times while having them, and examined both pulse and heart. Nothing abnormal could be found in the condition of the heart, either by percussion or by auscultation. The pulse curve, as here illustrated, was one hundred and eighty beats per minute. The subjective symptoms were much worse and more severe. The heart seemed almost to burst the chest walls, and her agony and unrest were indescribable. In addition, she was unable to sleep during the palpitations. The attacks would sometimes recur three or four times in twenty-four hours. She got no relief

[1] *Brain.* July, 1888.

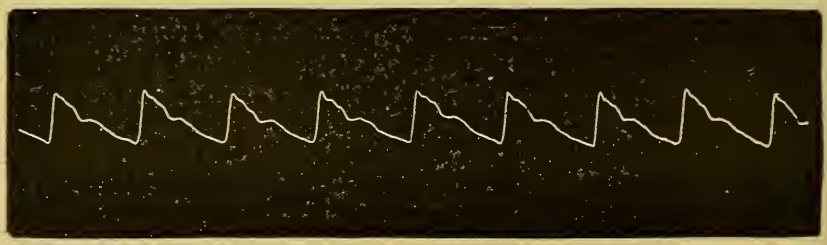
from any of the many remedies which I prescribed. Finally the palpitations ceased of themselves, and the heart stroke became normal. Then all subjective symptoms disappeared as by magic,

Fig. 4.

FREQUENCY OF PULSE DURING THE PALPITATIONS.

and she enjoyed a beneficial sleep. Broadbent[1] has described several such cases in his fine work on the pulse. I will now come back to the case which I have treated.

Fig. 5.



FREQUENCY OF PULSE FIVE MINUTES AFTER REPEATED SUGGESTIONS.

93. Hjalmar S. forty-three years old. He consulted me on the 15th of May, 1888, and said that he suffered at times from palpitation of the heart, which was so violent that he then thought he should die. These palpitations usually came once or twice a month, and often even during sleep ; they lasted about twenty-four hours, and then ceased suddenly. The patient was strongly built, well nourished, and muscular. Examination proved nothing abnormal. He came to me to satisfy his wife. He himself had no faith in hypnotism, and did not believe that he could get any relief in that way. Under these circumstances I did not feel very much inclined to treat him, but considered it interesting to observe whether I should be successful. The very

[1] *The Pulse.* London, 1890, p. 98, etc

first time I obtained deep sleep with amnesia on awaking. I hypnotized him four times, suggesting each time that he should read what I had written on a card whenever he had palpitations. "Read these lines when you have palpitations ; you will then surely sleep for ten minutes, and will awake well and free from all palpitation."

On his departure I asked him to write to me concerning the written suggestion, and I received the following on the 14th of June: "Last night, the 13th, I awoke suddenly with violent palpitation. I took your card, read it once and tried to sleep, but without result. After a while I read the card again, closed my eyes and imagined that you stood before me as in Stockholm, and in a very short time, I felt the approach of sleep. It began in my feet or, so to speak, by an insensibility of the whole body, and I lost consciousness. The palpitations had ceased when I awoke, and I saw, by the clock, that I had slept exactly ten minutes. It seems remarkable, even incredible, but it is, nevertheless, perfectly true, and I feel so grateful to you, dear doctor, that I cannot sufficiently express my feelings." The palpitations returned, notwithstanding, some time in the course of the summer, but he succeeded in going to sleep by reading the card, and every time the palpitations had ceased on awaking. He returned to Stockholm the middle of September and received fifteen treatments, the result of which was that his palpitations ceased entirely.

It is difficult to decide whether the heart palpitations of this patient were as violent as in case No. 92, but it is certain that they tortured him so much that he was often very despondent.

At first sight, these above mentioned cases seem miraculous, but we are able to explain them. We now know, thanks to Brown–Séquard's[1] research, that inhibitory and dynamogenous processes take place within the nervous system. By inhibition is understood the momentary or continuous check, removal, or disappearance of a function, quality, or movement of either normal or pathological nature in a nerve center, nerve, or muscle. Such a check takes place without causing any change as far as can be observed, at least, in the blood-vessels, and it occurs almost instantly as soon as there has been produced an irritation at any point of the nervous system, and more or less distant from where the effect is manifested. If we now apply this to the above cited case, we shall see that there must have been exercised an irrita-

[1] *Recherches experim. et cliniques sur l'inhibition et la dynamogénie. Application des connaissances fournies par ces recherches aux phénomènes principaux de l'hypnotisme et du transfert.* Paris, 1882.

tion upon the vagus during hypno-suggestion, whereby the heart strokes became less frequent. The inhibition is, therefore, an act, which either suspends temporarily a function or a condition, or makes it disappear completely.

Dynamogenous activity, on the other hand, is a rapidly occurring transportation of force which takes place in the hypnotic sleep. For instance, I have cured by hypno-suggestion a condition of weakness in a lady's right arm, which, previously, had been unable to lift a chair. She can now use it without any difficulty, and it is as strong and able as the left one. Beaunis[1] has proved by dynamometric experiments that such strength development actually takes place during somnambulism. I have demonstrated this to several colleagues in the mechano-gymnastic institute here.

XXII.—LOCAL CONGESTIONS.

I have treated four cases of congestions of the face and the head by suggestive therapeutics. In one of these cases I obtained only a temporary improvement after a few treatments. The patient did not return. A considerable improvement resulted in two cases, and the third was entirely cured. I will describe the latter more in detail.

94. Ellen L. thirty years old; widow. This patient has always been in very good health. She lost her husband three years ago. Her disease had been contracted, she thought, by sitting up a great deal during her husband's illness, and by her great anxiety at that time. She suffered in the following manner. Her face would become blood-red with an exceedingly unpleasant stinging in the cheeks, nose and forehead, whenever she ate anything warm, became excited, or sat in warm rooms, as, for instance, in the theatre, while, at the same time, her hands and feet would grow ice-cold. Menstruation was irregular, very profuse and often six or seven days in duration. She slept little. Her diet had to be carefully regulated so as to avoid the heat in the face. She was further obliged to limit her social intercourse. In this condition she came to me on the 15th of June, 1889. She experienced great improvement after a month's treatment. She recommenced the treatment in September, and is now (March, 1890), after a few weeks' treatment, entirely free from the symptoms which previously annoyed her so much.

[1] P. 85, etc.

The next patient was cured of chilblains by suggestion during hypnosis.

95. Carl G. ten years old. His mother brought him to me on the 15th of March, 1889. She told me that the boy suffered terribly from two chilblains on the inner side of both the big toes. The pain had finally become so great that he could not go to school, and only with the greatest effort, had come to my office, which is but a short distance from his home. I found two extremely sensitive swellings of the size of walnuts on the inner side of the great toes near the metatarso-phalangeal joints. The boy said he had not noticed them before the previous winter, and had never had any inconvenience or pain until the last few days.

As I knew that hypno-suggestion easily influences the blood-vessels and, moreover, believed the boy to be a good somnambulist, as were his mother and a younger sister, I induced somnambulism, and suggested that the heat and sensitiveness in both feet should disappear completely and enable him to walk without the least pain, as soon as he woke up. A quarter of an hour later I found the boy's feet painless and non-sensitive. His mother and several others witnessed this result. He was still better the next day, and on the third day there could not be found any traces of the chilblains. His mother told me on the 18th of March, 1890, that he had had no further pain or inconvenience from the chilblains.

In connection with this case, I will say that the mother had been present several times and observed how hypnosis was induced. I had cured a younger daughter of *enuresis nocturna*. She often accompanied also an elderly lady of her acquaintance, who was under my treatment for sciatica. Mrs. G., thirty years old, strong and healthy, without the least symptom of nervousness or hysteria, told me one day that she could easily put herself to sleep whenever she ceased to think, a point that I often had emphasized to my patients. I asked her to sit down, and she was fast asleep in a few seconds without my influencing her in the least. She was then susceptible to post-hypnotic suggestions. I suggested, therefore, that, on awaking, she would be eight years old. This resulted. She behaved like a little girl, wrote her name as such a one would do, and could not remember the least thing of her suggested girl-existence when she woke up a second time, after having been put to sleep anew. I mention this, not because it is so remarkable, but because I wish to prove that this sleep

does not involve the least danger either in producing it or in its nature.

I have just received a pamphlet by a Mr. Mendel [1] of Berlin, in which he gives utterance to the following remarks, astonishing to all experts: "The hypnotic condition is a diseased one, and with regard to the changes in the mental sphere, a diseased mental state, an acute insanity, which may be distinguished from other forms of insanity far less by the observed symptoms [!] than by the cause of their origin [!] and the artificial production."

I presume that every physician, who is familiar with Liébeault and Bernheim's theory of suggestion, agrees with me that it has very little similarity to insanity which is not characterized by any prominent symptoms, and that such insanity is even less apparent when a person, who has never before been hypnotized, is able herself to produce Mr. Mendel's "insanity." Through my treatment Mrs. G. was able to sleep whenever, and as long as she desired. She learned also to free herself through self-hypnotizing from any slight indisposition which presented itself, such as toothache or headache.

In connection with disturbances of the circulation, I must say that I have observed, perhaps a thousand times, that cold hands and feet have been made warm by hypnosis, and that there is not a more reliable remedy than hypno-suggestion for this trouble, from which so many people suffer. I have known people, who have employed massage and gymnastics for months without affecting these symptoms, while a few hypnotic treatments were sufficient to bring about normal warmth.

XXIII.—DISEASES OF THE STOMACH. DIARRHŒA.

It may appear peculiar, but it is, nevertheless, a fact, that hypnotism can remove many diseased conditions of the stomach and the intestines. I have treated successfully many cases of this kind which we in this country, like the Germans, call "chronic catarrh of the stomach," and both Braid and Bernheim describe several similar results of their treatment. We are often consulted for this trouble, especially by women, who complain of pains in the pit of the stomach, of such sensitiveness on pressure that at times even the weight of the clothes is insupportable; of sour

[1] *Der Hypnotismus. Sammlung gemeinverständlicher wissenschaftlicher Vorträge.* Hamburg, 1890, p. 19.

eructations; headaches and occasional dizziness (Trousseau's *vertige stomacal*); of faintness, weariness and depression. These symptoms come and go, are today lighter and tomorrow worse; they may disappear gradually, only to reappear by injudicious diet or from a psychic cause. What can be the cause of such a condition or for these complex symptoms? That these symptoms often have no anatomical underlying cause is well known, and the result from hypnotism proves it still more. They are, therefore, in all probability, due to an abnormal condition of those nerves which preside over the functions of the stomach; in short, they may be considered as functional disturbances. Many authors call them nervous dyspepsias, which may be the most correct name for such conditions. All these painful symptoms, often of years' duration, can be suddenly dispelled by inducing fascination in sensitive subjects, as occurred in the following case.

96. Caroline T. twenty-six years old; factory-worker. She had suffered for four years from stomach troubles, sensitiveness in the pit of the stomach and often violent pains in that region. The pit of the stomach was at times very much distended, and she had frequent, sour eructations. She had taken all kinds of medicines, both amara and mineral waters, but without any result to speak of. She complained of these symptoms when she consulted me on the 2d of October, 1887, and also of lassitude and lack of strength. She had frequent headaches and dizziness and, at that time, a moderate leucorrhœa. She did not look like a sick person, and could not be called anæmic. As I was convinced of her susceptibility, I induced a state of fascination. This removed the sensitiveness in the pit of the stomach, and I could press it with my finger without producing any pain. She returned on the 5th of October and said that she had felt much better since the 2d, but that the symptoms had reappeared on the 3d and the 4th, although in a less degree. I then hypnotized her, and, after two more treatments, she was completely cured. I know for a certainty, that she was all right on the 18th of December, but since then I have learned nothing about her condition.

The next case is of still greater interest, because the patient had suffered since childhood.

97. Ida O. thirty-eight years old; married. She could not remember being well for a single day since she was eighteen years old; had suffered constantly from dyspeptic symptoms, stomach pains and spasms, frequent vomiting both before and after meals. She could eat

anything except very rich food, but after eating, however, felt a certain uneasiness and pressure on the chest, and slept badly. This had been her condition until she consulted me on the 4th of May, 1887. She was a tall, thin woman and looked poorly. I could not discover any organic disease. She had been treated by several physicians, both here and in other places, but with no result. I hypnotized her ; sleep, in third degree, resulted. Her condition improved after the first treatment. She slept well. The vomiting became more rare, and after a few more treatments she was perfectly well and still remains so, her friends inform me. I have not seen her myself since that time.

The next case resembles the above in this, that the disease also consisted principally in attacks of vomiting. The trouble was, however, of but fourteen days' standing, and she had not taken any medicine.

98. Elin W. fifteen years old. She was a strong and healthy girl. Had vomited for fourteen days, both before and after meals. When she visited me on the 23d of May, 1887, I noted the following symptoms : sensitiveness in the epigastrium obliging her to unfasten the dress. She had that day vomited three times, and could not retain either water or milk. I hypnotized her. Somnambulism resulted. I commanded her during the sleep, to eat after leaving me, and not to vomit. She returned the next day and told me that she had felt hungry after leaving my office, had eaten and retained the food. She has remained well ever since, and has experienced no sensitiveness in the pit of the stomach.

It has often happened that patients, to whom it has been suggested that they should have a better appetite, have not been able to wait until they reached their homes, but have gone to a hotel to satisfy their hunger. A woman told me this among other things on the 16th of December, 1887. She lived at a distance from my office, and it seemed impossible for her to wait until she got home, so she had a meal served in a restaurant. For several months she had kept to a very strict diet on account of her stomach troubles, but without any improvement. After a few treatments she was, on the contrary, able to eat anything, felt no pains or sensitiveness in the pit of the stomach and had a good appetite.

I could give many more instances from my day-books, but as they are almost all similar, I believe these to be sufficient.

The organic functions rest more or less during a deep sleep, the peristaltic movements are slower, and the secretion less copious. Liébeault's [1] theory is that this occurs because the attention is then in a great measure inactive, and the whole organism rests. The supposition that sleep in and of itself would be able to cure protracted diarrhœa, is very plausible and seems really also to be the fact. I have employed hypnotism with great success in just such a case, and if the patient were not completely cured, her condition was, nevertheless, very much improved. These are the details.

99. Anna A. sixty years old ; married. Suffered for three years from obstinate diarrhœa, sometimes six or eight operations per day and three or four during the night. The discharges were generally more frequent in the day, and always very loose. Her condition did not improve in spite of various diets prescribed by different physicians in Stockholm, and which she had followed for some time. When consulting me on the 6th of June, 1887, she felt very depressed concerning the diarrhœa, which debilitated her greatly, and she feared that she would never be any better. I examined the discharges microscopically on various occasions, and found, besides a great number of crystals of phosphate of ammonia-magnesia which, however, can be found also in health, when one eats very little, or follows a vegetable diet, nothing abnormal.[2]

The stomach was never sensitive, but she assured me that she had colic pains, especially after taking bouillon. Diet did not make any special difference with the diarrhœa ; it remained about the same whatever she ate. She looked pale and suffering, had a whitish-grey complexion, was weak and weary, and spent most of the time either in bed or on the lounge. No albumen was found in the urine. The pulse curve had the appearance usual in one of her age. I discovered no symptom of organic disease. When she told me her story, there was one circumstance which struck me most forcibly :—the patient repeatedly remarked that the diarrhœa either commenced or increased under the influence of mental emotions, whether gay or sad.

This circumstance, in connection with the acknowledgment of the beneficial effect of sleep, decided me to employ hypnotism. She was hypnotized very easily, and slept for two hours. When I visited her the next day, she felt both better and stronger, had slept undisturbed

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[1] P. 62.

[2] Bizzozero-Firket. *Manuel de microscopie clinique.* Paris-Bruxelles, 1885, p. 222.

during the night, and had had only one discharge. I made her sleep again for two hours, and she felt even better on the following day; was able to be up and dressed. The discharges, although still liquid, were now limited to three or four a day, and none during the night. I asked her to come to me daily, and the treatment commenced regularly on the 15th of June. Her condition continued to improve until there were only two or three movements during the day and none in the night. She went to the country in the summer, and I had no communication with her while there. I then made inquiries about her. On the 16th of December she told me that the diarrhœa still continued, but that the discharges occurred only once or twice a day and never in the night. She was no longer obliged to stay in bed, but continued better and stronger.

Even if a cure was not obtained in her case, hypnotism had, however, proved itself so efficient that no other method that had been employed could boast of a similarly favorable result.

XXIV.—BRIGHT'S DISEASE.

I have used hypnotism in several cases of Bright's disease, and have found that patients suffering from this form of kidney trouble are particularly susceptible to its effect on account of the predominating anæmic symptoms. Hypnotism does not help the original diseased condition of the kidneys any more than do other methods of treatment, but there are many painful symptoms in the course of this disease, which can be successfully fought by suggestion. In the following case, the general condition was improved considerably, and this result had not been previously obtained either by iron or by any other remedy.

100. Carolina S. twenty years old; single. She had suffered for two years from a disease, the predominating symptom of which was a marked anæmia, accompanied by weakness and general debility, which she had endeavored to counteract at various times by iron and other tonic remedies. When I saw her on the 5th of June, 1887, she was pale, weak, without appetite, extremely tired, and troubled by a continuous, dull pain in the lumbar region, which obliged her to lie down several times a day. She had none of the characteristic symptoms of a fully developed disease either of heart or blood-vessels. The pulse curve was normal with no sign of tension. The urine of the previous evening contained albumen (two gm. per liter), but the morning urine was free from albumen. I hypnotized her. Somnambulism resulted. She felt better and stronger by the 7th of June; the appetite had increased and the pains in the region of the kidneys had disappeared.

I saw her again in November, and found her still in the same condition as in June when my treatment ceased. I had then no opportunity to analyze the urine.

The patient whose case I shall now describe, was treated by me in June, 1882, for scarlet fever. It was rather a mild form, but the convalescence was delayed by a kidney complication. She got well, however, and, as it seemed, was completely free from all kidney trouble. Characteristic symptoms of Bright's disease presented themselves, nevertheless, in a very marked degree. The following are the details of this case.

101. CHARLOTTE G. thirty years old; married. Her condition since I saw her in June, 1882, had been pretty good, but at times she had felt tired, and of late had lost much of her strength. She consulted me on the 10th of March, 1887, as she had then been suffering from violent pains in the region of the kidneys. She was pale and wasted, and of an earthy complexion; she complained of a dull ache in the region of the kidneys. The urine was very albuminous (five gm. per liter); the pulse curve very tense and anyone who had had experience in sphygmographic investigation could have discovered, even with the finger, the pulse beats characteristic of Bright's renal condition. The heart was somewhat enlarged and its sounds were strongly accentuated. There was also a symptom to which, I believe, Dieulafoi[1] first called attention, and which I have observed quite frequently,—a cold and deadlike sensation in the fingers. Frequently the thumb and the index finger on both hands became white and cold as if dead, and without any sensation. This was repeated very often, but lasted not longer than a quarter of an hour.

The pain was most marked in the region of the kidneys, of this she complained especially. Therefore, to ascertain what suggestion could do by way of relief, I hypnotized her. She proved, from the very first, an excellent somnambulist, susceptible to all possible suggestions. The pain had disappeared upon awaking. She came again eight days later, on the 18th of March. The pains had returned that morning, but they disappeared again immediately after the second treatment. The 15th of April the same thing occurred again, and after that she felt more comfortable and stronger, and the cold sensation in the fingers gradually disappeared. She came to be hypnotized a few times in the autumn, and her condition is now far better than it was in the spring. My analysis of the urine in November showed the same quantity of albumen as before.

[1] *Manuel de pathologie interne.* Paris, 1884, vol. ii., p. 333.

I have observed in most cases of Bright's disease, that the patients have a very much better appetite after the sleep, also increased strength and more elasticity, and are more cheerful.

XXV.—INCONTINENTIA URINÆ.

This particularly disagreeable trouble is generally considered very difficult to cure and such is really the case. I have often employed Trousseau's[1] treatment, but have succeeded with it in but very few instances. Belladonna is, as is well known, the remedy that he recommends, but it possesses many unpleasant features; the eyes become affected, the throat gets dry, and the treatment must, therefore, be often interrupted. I have also followed Sidney Ringer's[2] advice and prescribed strychnine, but with this drug I have never succeeded in curing the incontinence in children. The remedy is excellent for aged persons, and for those suffering from paralysis of the bladder; having been used for some months it cured the incontinence of a woman seventy-eight years old. These and other means are surpassed, however, by hypnotic suggestion, which possesses an absolutely grand and certain effect, but it must, nevertheless, be often employed with perseverance and prudence, and the disease must not be considered incurable if a cure should not be obtained immediately after the first treatments. As it is of special interest to learn the course of such a method, I will cite a case.

102. ANNA S. sixty-nine years old; widow. On the 10th of September she hurt her right shoulder on leaving a horse-car, and not being able to raise the arm, she consulted me a few days later. The contusion was not important. I noticed, however, on entering the bedroom an insupportable urinous odor, and asking its cause, the landlady told me that the patient had been unable to retain the urine for many years by day or by night. I hypnotized her, and from that moment the trouble did not reappear.

Two treatments were necessary to cure the next case.

103. ANNA T. twelve years old. A strong and healthy girl, but had suffered from incontinence from earliest childhood. It was difficult to wake her and make her use the chamber. She visited me on the 23d of May, 1887, for the first time. According to suggestions,

[1] *Clinique médicale.* Paris, 1868, vol. ii., p. 720, etc.
[2] *Handbook of Therapeutics.* London, 1882, p. 601.

she got up at one o'clock to urinate, and then returned to bed. The following night she resisted the suggestion, and the bed was wet. After a few repeated hypnoses, during which I changed the words of my suggestions, she was cured.

I will mention that it seems to be far easier to cure those who wet the bed every night than those who do it only occasionally, and this fact agrees with the experiences of both Liébeault and Bérillon. The former cases, at least, do not require so many hypnoses. It is, further, much easier and quicker work to cure those who are thus inconvenienced in the daytime. I obtained a cure in two treatments in the following cases.

104. Anders Erik H. eight years old. Incontinence every day, and sometimes during the night. Neither threats nor punishment had availed to cure him of this trouble, although he was a good, intelligent boy, and very sorry for what happened. I hypnotized him on the 11th and 13th of May, 1887, and he was cured.

I have sometimes observed that those who wet the bed every night did not get cured immediately, but that the trouble diminished little by little, until it finally disappeared; this occurred in the following case.

105. Nils L. fourteen years old. Wet his bed from earliest childhood. No remedies had been of any use. I hypnotized him for the first time on the 15th of November, 1887; that night the trouble was better, and it improved right along, until, by the 25th of November, he had ceased doing it altogether.

I will give the next case in somewhat more detail because the suggestion also changed the boy's temperament, making the ill-mannered, violent child an amiable and gentle little fellow.

106. Ture Alexander R. four years old. This otherwise healthy child had, for about half a year, been unable to retain the urine, and it dribbled away constantly, day and night. His temperament had changed very much during these few months, and he became violent and naughty. His mother brought him to me on the 26th of April, 1887, and the following day I noted: Yesterday the boy wet himself but once and not at all during the night. He was well behaved, friendly and contented. After the second treatment on the 28th of April: Retention the whole of the previous day; the linen a little wet in the morning; he complained of toothache, which disappeared immediately

after the third treatment. Cured by the first of May ; absolute retention during the last days and nights ; continually happy, and a great contrast to his former condition ; the boy was now gentle and amiable, and his former cross temper had completely changed. I have often seen him since, and I know that he has had no relapse. He was perfectly cured when I saw him the last time on the 2d of March, 1890.

The youngest child that I have treated, was but two years and a half. It was the sister of the above mentioned patient and here the incontinence was perpetual. She was well after four treatments.

In the case of a thirteen-year-old boy, improvement resulted after a few hypnotic treatments. He retained the urine during a week, but suddenly had a relapse. A girl of seventeen was cured after three treatments, but a twelve-year-old girl gave me much trouble. However, I finally succeeded with much perseverance in correcting the condition. She was a poor girl without any family, and nobody wanted her in the house on account of the habit. She was very downhearted and feared that she never would get well again.

A short time ago I commenced treating a six-year-old boy suffering from inability to retain not only the urine but also the fæces. Everything had been tried but in vain. Four hypno-suggestive treatments sufficed to cure him, but I continued to have him under my care from time to time.

I have often observed that those who suffer from nightly incontinence urinate frequently during the day, sometimes from ten to fifteen times. The phenomenon disappears, however, after a few treatments.

I must also report failures, the causes of which I do not know. In the autumn of 1889, I treated, for instance, a boy of fourteen, who was so far improved after two months that he did not wet the bed more than once a week, and often less frequently. He was not cured, however. I have also observed relapses, as in the case which I will now cite.

107. Hedwig G. nine years old. This girl was strong and healthy, sensible and intelligent. From childhood she was in the habit of wetting the bed. She came to me the first time on the 15th of April, 1888, and was hypnotized, in all, ten times. She was perfectly well by the beginning of May. A relapse occurred on the 8th of November, 1888, for several nights in succession, and the mother brought me the child

at once. She was then hypnotized four times, and has ever since, as the mother told me on the 18th of March, 1890, been free from any trouble of that kind.

Finally, I will only add that hypnotism throws an interesting light upon the causes of *incontinentia urinæ*. It has been believed that the sleep in such cases was so deep that it was the direct cause of the bladder atony. This is, however, as Liébeault[1] has pointed out and as I have often observed, not at all the case. We do not find among these patients more somnambulists than among other people. The reason is probably a diminished sensibility of the neck of the bladder and a feebly developed power of perception in the brain. Therefore I advise those, who intend to use hypnotic suggestion for this trouble, to proceed in the following manner: The patient shall *feel*,—emphasizing strongly the word "feel"—, whenever there is a call for urination, and then wake up. I have in that way obtained a better and quicker result than when only forbidding the patient to urinate while asleep.

XXVI.—NEURALGIA OF THE NECK OF THE BLADDER.

Many times I have been consulted in regard to a condition, which has presented the following symptoms.

The patient,—generally of the female sex,—suffers for some days, weeks, or months, or even longer from an incessant desire to urinate. She may have to urinate even fifteen times a day, according to this pressing need, each time voiding very little, accompanied with much burning and pain. If the urine be examined, we find it normal, containing neither mucus, blood nor albumen. As already said, it is women chiefly who suffer in this manner, but sometimes men do also, and with the same symptoms. They then complain of a burning sensation along the urethra, and of sensitiveness on pressure in the region of the prostate. One does not find, upon careful examination, what such symptoms might indicate, and generally, not the slightest change can be detected in those suffering from this trouble. Sir Henry Thompson[2] calls this condition "perverted sensibility of the neck of the bladder, or neuralgia," and thinks it may be referred to a disease of the liver or the kidneys, the presence of hemorrhoids etc., but he

[1] "Traitement par suggestion hypnotique de l'incontinence d'urine chez les adultes et les enfants." *Revue de l'hypnotisme*, vol. i., p. 71, etc.

[2] Holmes. *A System of Surgery*. London, 1870, vol. iv., p. 908.

himself confesses that many cases are inexplicable. Before I knew of hypnotic suggestion, I used to treat such cases with camphor and opium, or after Sidney Ringer's [1] method, with tinct. cantharid. in small doses. The efficiency of this remedy is, however, thrown into the shade by suggestion, which, sometimes in one treatment, dispels the painful symptoms, as will be related in the following case.

108. Anna P. fifty-four years old ; married. The patient, who had been cured by hypnotism of chronic rheumatism of many years' standing, complained for eight days of pain and a burning sensation when urinating ; finally, they became so severe that she was obliged to consult me. This was on the 14th of May, 1887. Only a few drops passed at a time, accompanied by violent pains. At the same time she experienced an incessant desire to urinate. The urine was clear and had no bad odor. She was hypnotized ; deep somnambulism resulted. I suggested that upon waking she should urinate without the least pain. This she then did to her great surprise. The quantity was one hundred and twenty-five c.c. and such a quantity she had not voided during the whole time that the trouble had lasted. This treatment was entirely sufficient and she was normal ever afterward, as she told me late in the summer.

In the next case the pains returned after four days, but disappeared again after a repeated suggestion and have never returned.

109. Christina N. thirty-three years old ; single. Suffered for four days from pains and burning when urinating. She felt a need of urinating fifteen or twenty times a day, but could void only a few drops each time. She was otherwise healthy and with not the least sign of any bladder disease. She was hypnotized and, upon waking, could fill a teacup full of urine without any painful sensations. She was free from pain for four days and then it returned. After having been hypnotized once more she was well.

I have observed this trouble also in young persons, in a boy of eight and a girl of sixteen, who were both cured by a few hypnotic treatments.

Finally, I remark that the hypnotic suggestion can be employed with much benefit in all disturbances of the urinary organs, dependent upon diseases of the nervous centers, as in *locomotor ataxia*, etc.

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[1] P. 429.

XXVII.—CHILDREN'S DISEASES.

Pediatric practice can make use of hypnotic suggestion in numberless, one might even say unlimited, cases. I have tried it with success in a great number of diseases already mentioned, among the cases of which there have been, now and then, those of children. Here I will dwell upon what is of most interest in diseases of children, to which I have not before particularly referred. I will mention some cases of tuberculous meningitis, where hypnotic suggestion has relieved the most violent headaches. The following will serve as an illustration.

110. FANNY B. seven years old. She was a delicate, weak girl. Commenced to complain of headaches on the 15th of May, 1887, and these grew more and more violent. I was asked to see her on the 21st of May. I found her quietly reposing in bed, the eyes half closed, sighing now and then, and at times groaning and crying pitifully. She often put her hands to her forehead and pressed it. The eyes were wandering and the pupils dilated, the right more than the left one. The intellect was undisturbed, and answers to my questions were clear and precise. The pulse was one hundred and eighteen per minute, uneven but not dicrotic. Very high fever; profuse sweat over the whole body; abdomen retracted and hard; constipation, but no vomiting. Chest organs healthy. From these symptoms and the girl's general appearance, my diagnosis was tuberculous meningitis. In such a case I could think only of relieving the severe headache, and as I know of no better remedy than hypnotism, I made use of it the more willingly as the child had not slept for several nights.

I hypnotized her with the greatest difficulty, and it was very interesting to notice how her groaning and sighing ceased by degrees, and sleep overpowered her. I suggested that she should sleep two hours. Calling the next day I found that she had slept but half an hour, and after that awoke. The pains had returned although they were not so severe as before. I hypnotized her a second time, and the effect of my suggestions was thenceforth better and more lasting. Seeing her then so calm, it would have been difficult to imagine the wild scenes which had preceded the hypnosis. In this case, as in so many others which I have observed, the suggestion produced a real euthanasia. The girl died finally on the 29th of May with hardly a pain, quiet and calm.

I often employ hypno-suggestion to relieve, as in fever and other diseases, the symptomatic pains in the head and the general

malaise of which children frequently complain. The following is an example.

111. Anna P. ten years old. Developed measles on the 19th of May. The eruption had appeared on the previous day. Had slight cough and moderate fever, but complained particularly of severe pains in the head and the back. She was hypnotized and her happy face on awaking told that the pain had disappeared. Neither head- nor back-ache returned, and the measles had a normal course.

I now come to a case of *peliosis rheumatica*, the cure of which created the greatest astonishment not only in the mother, but in those patients then present, who saw the child before and after hypnosis.

112. Cornelia L. six years old. She was brought to me from the country on the 23d of August, 1887. The mother carried the child upstairs. She could limp across the floor only with the greatest difficulty. Had been complaining for several days of pains in both feet, which were covered with red spots ; there was no swelling of the joints, which, however, were sensitive on pressure. Otherwise, the child was well and had no fever. She was hypnotized ; result probably somnambulism which is very difficult to diagnosticate in children. She could run about in the room after the sleep and went downstairs alone without feeling the least pain in her feet. The mother told me on the 11th of October that the child had been cured instantaneously by the first and only hypnosis.

In children we often observe a certain group of symptoms (which do not indicate any decided organic trouble), such as, for instance, a feeling of general lassitude, depression, lack of appetite, bad humor and sometimes, also, sensitiveness and pain in the pit of the stomach. All such symptoms disappear, as by magic, by one or more hypno-suggestions. To prove this I will cite two cases.

113. Ebba L. twelve years old. Pale and small for her age ; complained for several weeks of backache and besides of being tired and weak. She did not care for anything, would not study, but instead, would lie on the lounge the whole day. Hyperæsthesia, restless sleep, poor appetite. No decided disease could be discovered. I hypnotized her for the first time on the 4th of May, 1887, and she was perfectly well by the 8th of May, after the third treatment.

The next case had more pronounced psychic symptoms, and here also was the suggestion effective.

114. MARTIN ROBERT K. nine years old. The boy was sad and restless for three months ; he had no desire to learn as before, would not go to school, but, as the mother told me, had grown very lazy and dull. Complained of pains in the feet, no appetite and had a sickly appearance. Was hypnotized on the 2d of June ; somnambulism resulted ; quite changed after the third treatment, the 6th of June, had become happy and gay, a condition with which the mother was highly pleased.

The little patient, whose case now follows, underwent a great change, and it merits our attention for more than one reason.

115. ANNA B. six years old. Was for more than a year very low-spirited ; never a moment away from her mother's side ; had no appetite, and her strength was much diminished. Sleep was disturbed ; she would wake up suddenly with a terrible shriek, and then sleep again heavily. I could not get a word out of the child, when she and her mother came to see me on the 10th of March, 1889. The child hid her face in the mother's dress and shouted : " Go away, go away ! " " She is like that," the mother said, " the whole day and gives me not a moment's peace ; if I leave her, she begins to shriek loudly and calls me to her." The girl looked pale and feeble ; it was, however, impossible to make a thorough examination. She had been given iron and other tonic remedies, but she always spit out the medicine. How then to treat the child under such circumstances ? If I only looked at her, she would begin to weep and sob ; to produce hypnosis in the usual manner was thus out of the question.

At last I told the girl to sit on her mother's lap, and I pretended not to see her at all. I said to the mother several times, that the child would soon sleep. I waited two hours, and during the whole time did not pay any apparent attention to the child. Finally, she slept, and I then entered into rapport with her. I suggested that she should grow calm, not hang on constantly to the mother's skirt, sleep well in the night, and have no fear, either of me or of anybody else. The girl woke up half an hour later, looked about her in a surprised manner, told me her name, gave me her hand, and behaved, in every respect, like a different child. On the following day the mother told me that the child had slept well, and expressed a wish to visit me again. I walked about the room alone with the child, and gave her an apple which was accepted with thanks. The child was perfectly normal and well after four more treatments.

It is an every-day occurrence for children to refuse to take medicine when it does not taste nice. Hypnotism is excellent to make the child willing. One can give either the medicine during the sleep, or say to it in the sleep that it is to take the medicine voluntarily, that the medicine will not taste bad, but good. I have tried this many times and have been successful whenever the children were hypnotizable, *i. e.*, had reached the age of about three years. Castor oil is generally what children resist taking most energetically, but nothing is easier than to persuade them by means of hypnotic suggestion to accept it, even when they know that they will feel squeamish afterward. The next case is an example of this.

116. Stig A. seven years old Developed measles on the 11th of May, 1887, and was constipated for a few days. I prescribed castor oil. The mother remarked that her child had never been able to take it without vomiting. I gave him the oil during sleep, with the suggestion that hereafter he could take castor oil easily and without vomiting. I further told him that it would take effect in two hours. There was no vomiting, and the boy said afterward that he could take it very well, and that it tasted like water. The effect manifested itself at the time suggested.

I have often given adults as well as children, when hypnotized, water instead of castor oil, with the suggestion that its effect would be felt at a certain moment, and the result has always been the same as when taking the castor oil itself.

In the next case, the suggestion was carried out post-hypnotic after a single hypnosis.

117. Ferdinand A. seven years old. The child has suffered since the 30th of April, 1887, from albuminuria, the result of recent scarlet fever. He could not be persuaded to take the prescribed milk. This was possible after one hypnotic suggestion, and now, the 3d of May, he drinks four or five glasses daily with great relish.

118. Anna E. three years old. Diarrhœa for several days. Would not take the prescribed oil emulsion, but was extremely violent when the mother brought the medicine, clenched the teeth, and, when, finally, some was forced into her mouth, she immediately spit it out again. The mother gave her a teaspoonful of medicine the moment after she came out of the hypnotic sleep, and she took it with great pleasure saying that it tasted good.

Hypnotic suggestion has not only a beneficial effect in relieving psychical sufferings among children, but it is also powerful in eradicating certain bad instincts and moral defects. For instance, lying, lazy and indolent children can be made industrious, attentive and obedient; this fact is illustrated in the next case.

119. Oscar D. fourteen years old. The boy was healthy and strong; was educated in a religious, and in every respect an excellent family in the country. He was industrious in general, but it was noticed, finally, that for about six months, he had commenced to tell lies, to be lazy, to find his lessons tedious and to neglect them. He came to me for the first time on the 14th of October, 1889, when I spoke to him about his changed behavior. He was willing to be treated by me, and came fifteen times. The mother wrote me three weeks later: "What a pleasure to see once more his former self; he is now an industrious, truth-loving and well-behaved boy."

Those antagonistic to the use of suggestive therapeutics for moral purposes will probably assert that I thereby interfered with the individual's free will. Such is, however, not the case. I only developed the good qualities in the boy, and convinced him that he was on a dangerous path which he must abandon. What was bad in him was checked, while the good, which is present in every human being, was brought out more decidedly.

I have cured many boys and girls who were confirmed masturbators. One of these was so great a victim of this vice that he could not be left alone a single moment. He is now entirely changed, has become obedient, attentive, happy and amiable and it is a genuine pleasure to see this boy's open and candid face. His physical condition has undergone a complete change. Previously, he was always shivering, felt tired, was pale and his features indicated his vice; he is now just the opposite, strong, rosy-cheeked, and full of life and health.

I have never seen any unpleasant effect of hypnotism in children. They quickly comprehend its beneficial effect, and I can say from personal experience, that they attach themselves with evident pleasure to the hypnotizer. Therefore, let no physician entertain the prejudice that hypnotism has an injurious effect upon children, but this method of cure may be made use of also where bad habits and moral defects are to be fought and eradicated. Those physicians who are particularly interested in this

side of the question, I will refer to Dr. Bérillon's[1] very important treatise on the subject.

XXVIII.—MENSTRUAL DISTURBANCES.

It is to-day an unquestioned fact that menstruation belongs to those processes of the organism which may be influenced by suggestion. When no exact anatomical cause can be discovered in the pelvic organs, their menstrual activity can easily be controlled, both when there is an absence of menstruation as the result of anæmia, and when it is too profuse or too frequent and painful. Liébeault[2] has cited such cases as being successfully cured, and Bernheim,[3] Fontan, Ségard,[4] and Voisin[5] have also shown that suggestive therapeutics can influence menstruation.

I have, personally, had occasion to observe this phenomenon in various cases, and I have often succeeded in calling forth the menstruation at a certain time, or in checking it, if too profuse or painful.

Delayed menstruation returned at the suggested time in the following case.

120. Alma J. seventeen years old. A pale, slender girl, suffering from the ordinary symptoms of chlorosis. Dyspeptic sensations ; the pit of the stomach very sensitive on pressure ; no appetite, depressed and downhearted. Had never menstruated. She called for the first time on the 14th of September, 1887. I hypnotized her, as she had derived no benefit from iron, previously taken. She received the suggestion that the menses should appear at 6 A.M. on the 20th of September, and continue for three days without giving her the least pain. She remembered perfectly well what I had said upon awaking. She came on the 22d of September, and told me that the menses had appeared exactly as I had suggested. The same condition resulted on the 18th of October and the 19th of November, and the girl was very well after six treatments. I have not seen her since the 22d of November, but I have every reason to believe that she has remained normal.

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[1] "De la suggestion et de ses applications à la pédagogie." *Revue de l'hypnotisme*, vol. ii., p. 169, etc. Further: *Premier congrès international de l'hypnōtisme.* Paris, 1889, p. 157, etc.

[2] P. 462, etc.

[3] P. 557, etc.

[4] P. 296, etc.

[5] *Revue de l'hypnotisme*, vol. ii., p. 221, etc.

Many cases of profuse and too frequent menstruation with much pain have been regulated by hypnotic suggestion, and the pains relieved. The next case is an illustration.

121. ANNA L. sixteen years old. Weak and tired since the autumn of 1886 ; menstruation too profuse, lasted usually eight days, appeared irregularly, sometimes every fortnight or three weeks. She came to see me on the 10th of January, was pale, tired, and weak, and had frequent headache. She had been hypnotized in the spring, and proved an excellent somnambulist. I therefore suggested during the sleep that the menses should appear at 6 A.M. on the 16th of January, last for three days and be absolutely painless. She remembered all I had said to her. Exactly at the suggested hour, on the 22d of January, her menses commenced, lasted the three days, were painless, and there was no headache. I asked her to come again, and then suggested the 13th of February as the date for the next menstruation. This succeeded, and also later suggestions that menstruation should occur regularly every four weeks. She is now, on the 4th of March, perfectly well, with no trace of lassitude, weakness, or headaches. I saw her last on the 15th of March, 1890, and she had been well ever since.

It seems as if many people would not need so deep a hypnosis to influence the menstrual functions. A girl of twenty-five, who had almost the same symptoms as the above mentioned Anna L., after sleep only in the second degree, menstruated according to my suggestions at fixed times. The result may be obtained by a single treatment when the patient is a somnambulist. Where the sleep is light I advise, however, endeavoring to obtain a deeper one by repeated hypnoses, which generally increase the suggestibility. One does not always succeed even with somnambulists, but for this I am unable to give any reason. It is, at any rate, advisable to make use of this harmless and simple treatment before having recourse to other remedies. There is, all things considered, no "infallible" method, and hypnotic suggestion does not claim any such infallibility, but, I can cite several cases of delayed menses, where iron has had no effect whatever, while hypno-suggestions, after a few treatments, have induced a normal function.

XXIX.—EXTERNAL DISEASES.

Concerning these diseases also, I have been able to observe facts which prove that hypnotic suggestion can here find a useful

field in cases like contusions, contractions, traumatic synovitis, etc., where painful sensations prevail. One of the most important elements of disease disappears when suggestion removes pain, and restores the disturbed function in a very short time, or even immediately. This assertion I will illustrate by an example.[1]

122. Otto Emil F. sixteen years old. The patient received a contusion of the right knee, on the 22d of May, 1887, while attaching a pair of horses to a car. Immediately afterward he felt pains in the knee-joint, could hardly walk home, and noticed, in the evening, that the joint had swollen. He came to me the next day; mounted the stairs with difficulty and was obliged to limp when walking. On examination I found the joint swollen, but according to the patient's account, it was no worse than on the previous day. It was sensitive on pressure, and from time to time he would feel cutting pains in the joint. He was hypnotized; somnambulism resulted. When he awoke it was possible to press the joint on all sides without causing any pain or sensitiveness, and he was able to walk up and down the room without limping. I told him to call again the next day; all swelling had then disappeared. After a very careful comparison I could not find any difference between the two knee-joints.

The next case closely resembles the last one, except that the effusion was a month old when the patient consulted me.

123. Carl F. sixteen years old; schoolboy. Complained for about a month of pains in the right knee and walked with difficulty; the joint was somewhat swollen during this time. The trouble had arisen, he said, from a blow on the knee. He limped into my office on the 13th of October, 1887. The leg was in a semi-flexed position and he could neither bend nor extend it. The joint was swollen considerably, with strong fluctuation. Two places above the patella were sensitive on pressure. I hypnotized him, and on awaking he was able to walk without limping; all sensitiveness and pain had disappeared, and the joint could be bent and extended without any inconvenience. On the 14th of October he said that, on the previous day, he had walked a good deal with the greatest ease; the effusion had almost disappeared, but was still visible. On the 20th of October I happened to meet the patient, had an opportunity to examine the knee, and found the swelling entirely gone.

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[1] Fontan and Ségard, who have made their observations in a large military hospital in Toulon, mention in their work some cases of external diseases where hypno-suggestion produced a beneficial result. As my own experience in this direction is not large, I will, therefore, recommend their work.

I have employed hypnotic suggestion also in some cases of *pes valgus*, where the foot was sensitive, painful and swollen. The result was good, as the following case will prove.

124. NANNY D. seventeen years old. Had suffered from *pes valgus* since her childhood. The patient, who works in a paper-box manufactory, was obliged to stand the whole day. She complained of pains in the left foot, which, sometimes, would be swollen in the evening. At times she was forced to lie down, as she could not stand. I saw her first on the 29th of September, 1887. She limped, and on examining the foot, I found that the parts surrounding the external metatarsal bones were swollen and sensitive on pressure. She had great pain in stepping. I hypnotized her ; somnambulism resulted. After hypnosis she could step with the foot and walk without any pain. She returned on the 2d of October at my request, and I found no swelling.

By this I do not mean to say that suggestion can cure *pes valgus*. I only relieved the inflammation which so often accompanies this trouble. The suggestion did what any other remedy would have done, but in a much shorter time.

XXX.—THE USE OF SUGGESTIVE THERAPEUTICS IN OPERATIONS AND ON SOME OTHER OCCASIONS.

It is evident to all that hypnotism can not replace chloroform in operations, but this does not prevent, however, its being used on many occasions where anæsthesia is desirable. Hypnosis should always be tried first, because, even if the effect is slight, a smaller amount of chloroform becomes necessary, and the frequently occurring stage of excitement is entirely avoided as well as the vomiting which follows. Therefore, in cases where I have to use chloroform, I first try to hypnotize the patient. If he is susceptible to it, I need only to let him inhale a few grams of chloroform, and anæsthesia follows in a very short time. Last summer I had an opportunity of demonstrating this phenomenon to a colleague who was operating upon a phthisical woman for a large submuscular abdominal abscess. A short time ago another colleague made use of the blunt hooks in parturition after the woman had first been hypnotized and chloroform then administered. She was again first hypnotized and then was given chloroform in order to remove the placenta. There were used both times in all about ten grams of chloroform.

Whenever somnambulism is induced, operations can be performed without pain, and the patient on awaking has no remembrance of what occurred. I have often made use of the anæsthesia accompanying somnambulism, but never in very difficult or particularly painful operations. I have removed a tonsil without the patient's being aware of it.

125. Hilda S. nineteen years old. She suffered from an often returning throat inflammation, mostly on the right side. I proposed removing the right tonsil which was considerably enlarged, and, thereby, permanently to check the trouble. The left tonsil was also somewhat enlarged which made swallowing difficult. On the 20th of May, 1887, she came to have this done, and was hypnotized. She was in somnambulism almost immediately. I told her to rise from the arm-chair and to sit down where I indicated, to bend the head backward and open the mouth. She obeyed in all; and nobody even held her head while I removed the tonsil with a bistoury. I told her to rise and gargle the throat, and then permitted her to return to the arm-chair, waking her a few moments afterward. She was very much surprised when she was told that the operation had already taken place, and believed it only after seeing the tonsil which I had removed and the blood-colored water; even then she remembered nothing about it.

The next case was that of a large rectal abscess. The patient still vividly remembered the pains occasioned by a former incision and, therefore, was quite willing to be hypnotized.

126. Anna A. twenty-eight years old; married. Had felt rectal pains for about a week, and a large abscess was discovered on the 8th of November, 1887, on the left side of the anus. She was hypnotized on the 9th of November, and received the express suggestion not to feel the operation. I purposely made the incision very slowly; she remained perfectly quiet and, as those present could prove, did not move a muscle. I woke her up when the wound had been bandaged; she said that she had had only the slightest perception of my having touched her, but had felt no pain, only as if lame and unable to move.

Once I tried to incise a paronychia, when the hypnosis was insufficiently deep, and I had made a mistake in regard to its degree. The patient woke up and felt great pains.

Of course it is necessary to proceed carefully in using hypnosis in important operations. The patient ought to be hypnotized

several times before the operation, so that the physician may be convinced of his susceptibility, and teach him to sleep deeply. It must always be done in a quiet, gentle and confident manner. A failure is very natural if the patient is hypnotized for the first time immediately before the operation, as he cannot then be sufficiently passive to induce the necessary degree of sleep.[1]

Another method can be employed to produce anæsthesia as the following case illustrates.

127. Anna L. sixteen years old. Suffered from toothache for several days and the left cheek became gradually more and more inflamed. When she came to me on the 24th of May, 1887, I noticed a hard and sensitive swelling outside of the first left molar tooth of the upper jaw ; her violent toothache had originated in this carious tooth. I hypnotized her and told her during the sleep, that the pains would disappear ; that she would better return at five P.M. the following day and would experience no pain while I made an incision in the swelling. The toothache disappeared immediately and did not return. I made the incision the next day and she felt nothing. It was as if I cut into dead tissue, a proof of the wonderful power of suggestion.[2]

I know hundreds of people in whom I can produce anæsthesia in any part of the body by a word, *i. e.*, by suggestion. It is evident how great an advantage this has for physicians and surgeons. If we wish to examine the larynx, for instance, the examination will be greatly facilitated by hypnotizing the patient, and it is not necessary that the hypnosis should be particularly deep. We suggest absolute anæsthesia, wake him up, quietly introduce the laryngoscope, and let it remain there as long as necessary without the least inconvenience to our patient. I have often shown my colleagues how I could tickle such a patient's throat with a feather, when anæsthesia had been produced by hypnotic suggestion.

For some time I used hypnotic treatment in the case of a lady who suffered from brachial neuralgia. The result was unsatisfactory and I then tried electricity. She could not, however, stand this, but as soon as I had produced hypnotic anæsthesia, there was not the least difficulty or inconvenience. In this connection I will call attention to the fact that there is no easier method for

[1] See further, Azam. *Hypnotisme*, etc. Paris, 1887, p. 30, etc.

[2] See further. Santelli, *De l' anésthésie chirurgicale par l' hypnotisme et suggestion.* Montpellier, 1887.

those who wish to study the position of Ziemssen's points than during somnambulism, or after suggestive anæsthesia has previously been produced in the subject.

Before I had learned the effect of suggestion in certain kinds of constipation, I treated a girl seven years old who had suffered several years from an obstinate form of this trouble. The method employed was abdominal massage. As the girl was unable to relax the abdominal muscles, I had almost decided to give up the treatment, as the massage had no effect on account of the extremely tense muscles. I therefore hypnotized her, and the result was surprising. I could now make an impression upon the large intestine and the sigmoid flexure, as the hypnosis had relaxed the abdomen. She was cured in eight treatments.

Finally, I will also call attention to the observations made by Delbœuf [1] of Liège, which go to prove that wounds received by a person in the hypnotic state, *i. e.*, during anæsthesia, heal much more quickly than those which have been received when subject to pain.

XXXI.—THE USE OF SUGGESTIVE THERAPEUTICS IN OBSTETRICS.

128. Regina A. twenty-five years old ; married. She consulted me on the 30th of August, 1887, on account of daily, violent headaches of long standing. They were most pronounced at the vertex, forehead and eyes, and were often so severe that she had to keep her bed. She was then pregnant, in the ninth month, as she believed, and, she assured me, was otherwise in good health. She had already borne four living children. The woman was well built, looked healthy, had red cheeks, a good appetite, and, except for the above mentioned headaches, no diseased condition could be discovered. Believing that a hypnotic suggestion would probably free her from the headaches, I proposed it. She was hypnotized ; light somnolence resulted with suggested catalepsy, inability to open the eyes, etc. She had been conscious of all that happened, had heard my voice, the cars in the street, and the ticking of the clock on my desk. I gave her very emphatic suggestions in regard to the disappearance of her pains. They had disappeared upon awaking and have not returned.

What was more interesting than merely a rapid cure, like many that I had so often witnessed, was the opportunity which here presented itself for demonstrating by the near confinement the power of hypnotism. I therefore asked her to visit me a few times per week for the

[1] *De l'origine des effets curatifs de l'hypnotisme.* Paris, 1887, p. 23, etc.

purpose of being hypnotized. This case is further of great interest, as it proves that a person can learn, by repeated suggestions, to sleep deeper and deeper and that, consequently, sleep is but a phenomenon of suggestion. She was a somnambulist after the fourth treatment, and on awaking knew nothing of what had occurred during her sleep, but a still more remarkable fact is that it was impossible to recall to her memory what had happened during hypnosis. It is well known that after sleep a firm exhortation on the part of the hypnotizer can recall to the patient's memory what has occurred. In this case, it was impossible. The amnesia was complete in spite of all efforts.

So peculiar a circumstance was clearly due to the fact that the patient's memory generally, and also her power to think, had been blunted by the violent headaches. She could not, for instance, remember what she had done five minutes previously, and she often forgot what she was going to do. A change took place, however, after six or eight treatments, and she acted quite differently. I could then bring back, at once, her memory in regard to the somnambulistic stadium, and its faculty gradually increased as the headaches disappeared, until it finally became entirely normal. Later, she became perfectly anæsthetic so that she could suffer a needle to be thrust into her flesh without causing her to make the least movement, and still better, could receive a very strong electric current without wincing.

Her former confinements had always lasted ten or twelve hours, and the after pains had been severe. I gave her the suggestion that during this parturition she should sleep and feel no pains, that it should pass off more quickly, and be free from all after pains. The patient had made a miscalculation as to time of delivery, and I was called to her as late as the 19th of October at 2.45 P.M. A colleague, who had seen her previously in a state of hypnosis, and had then examined her without her knowing the fact, had already preceded my arrival. She was then walking up and down the room having occasional, light pains. The midwife said that the liquor amnii had escaped at midnight. I ordered the patient to lie down and I then hypnotized her. She closed her eyes, and was asleep immediately. She heard nobody but me, became anæsthetic in a few moments, and unable to say where I touched her on the body with a penknife, though sometimes I pressed very hard.

She was now examined and the os admitted about three fingers. The pains grew stronger about 3.15 P.M. What is remarkable at this point was that she acted as if awake, and said that the labor pains troubled her very much, and got up twice to walk up and down the room. Her eyes were closed all the time. The pains came now about every five minutes, and were very strong. The last stage of the

parturient process passed very quickly. She became absolutely silent when the child's head was born at 4.30 P.M., and looked like one asleep. She did not hear the child cry, and did not feel the removal of the placenta. After this she was awakened, could not remember anything about her delivery, and asserted that she had not felt or heard the least thing from the moment when she went to sleep. While on former occasions her after pains had been quite severe, this time they were not felt. She was able to get up seven days later, and felt well.

She bore another child on the 8th of April, 1889, and this birth differed from the previous one in this respect, that she was in deep somnambulism, and showed not the least sign of pain during the whole process, which lasted only two hours, from four to six A.M. She had no remembrance of it upon awaking.

I have witnessed a third case of this kind in somnambulism, (a woman thirty-one years old,) which, in every respect, resembled the one in 1889. The first was very similar to the one described by Dr. Mesnet.[1]

What I have already said in regard to the use of hypnosis in operations, applies equally to parturition. One should remember to commence in time, and the cases cited, according to my opinion, can serve as an example of the advantage which hypnotism is able to give. It would be interesting to investigate in what way, and how far, chloroform can be used after hypnosis has already been induced. Any other use of hypnotism in regard to parturition is beyond my experience, but Liébeault[2] has demonstrated that it can be used advantageously also, under other circumstances.

XXXII.—CONCLUSION.

If asked which diseases are most adapted to treatment by suggestive therapeutics, the answer is,—functional nervous diseases. The method has won its greatest triumphs in this direction. It would hardly occur to any physician to treat pneumonia, typhus, cerebral tumors, etc., in this way, but certain symptoms may, nevertheless, arise in connection with these diseases, as indicated by Hirt[3] and also in this work, that would yield more or less to suggestive treatment.

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[1] "Un accouchement dans le somnambulisme provoqué." *Revue de l'hypnotisme*, vol. ii., p. 33, etc.

[2] "Emploi de la suggestion hypnotique en obstétrique." *Revue de l'hypnotisme*, vol. ii., p. 328, etc.

[3] *Pathologie und Therapie der Nervenkrankheiten.* Wien und Leipzig, 1890, p. 472.

Functional nervous diseases represent a majority of cases occurring in daily practice and, as before said, suggestive therapeutics finds here a gratifying field for usefulness. The methods hitherto employed in such diseases, such, for instance, as are mentioned in the latest work[1] now before me, offer no particular results, and suggestive therapeutics would therefore be all the more welcome. It would further serve in a number of peculiar psychic conditions, which, with de Jong, we may call functional psychic neuroses. In all diseases where the will has been enfeebled,[2] and where it is important to strengthen it, the psychic treatment possesses great advantages. Finally, I may also call attention to its effect when necessary to reform character, a fact, which is proved by Liébeault, Bernheim, Forel, etc., as well as myself.

The question whether such cures are permanent can be answered only by those who have a real insight into this subject, an experience which can be arrived at only by using this method for many years. It is, consequently, absolutely unjust and decidedly frivolous to dismiss this question with the categoric assertion that its curative results are but apparent and temporary. Liébeault, who has employed hypnotism for more than thirty years, and Bernheim, whose experience covers a period of seven years,[3] have assured us that the cures are, in many instances, permanent. Moreover, van Renterghem and van Eeden of Amsterdam are inclined to compare, in regard to permanency, in certain cases, the results of suggestive therapeutics with those of surgical-treatment.[4] Forel[5] shows in his reply to Ziemssen's attack that the result of hypnotic treatment can really be of permanent duration. I have myself used this treatment for nearly three years[6] and a half, and have had among my patients several, both in Stockholm and in the provinces, whose cases were discharged three years ago and have since then remained cured.

It is true that relapses sometimes occur, but does not this happen also even in other successful methods of cure? If relapses

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[1] Robson Roose. *Nerve Prostration and Other Functional Disorders of Daily Life.* London, 1888.

[2] Ribot. *Les maladies de la volonté.* Paris, 1887, p. 111, etc.

[3] This was written in 1890.

[4] Pp. 16, 17.

[5] *Münchener med. Wochenschrift.* 1889, No. 38.

[6] Written in 1890.

occur, they are to be attributed rather to the character of the disease than to the method itself. Why do we sometimes see relapses in cases of drunkards? Simply, because they are constantly exposed to great temptations. I have known drunkards, concerning whose cure one felt quite positive and who, nevertheless, in all probability have again fallen victims to the habit. I know others also who for no price, would recommence their former life with its sorrows, misery and poverty, and to whom the treatment has proved a blessing.

The opposition with which, remarkably enough, suggestive therapeutics still meets, here and there, is based partly upon ignorance regarding the manner of employing the method, partly because suggestion is confounded with imagination. But does anyone really believe that blisters can be produced, the beating of the heart influenced, headaches, nervous pains and rheumatism permanently cured, or menstruation either induced or checked by imagination?

If again we are asked whether hypnotic treatment by a competent physician involves any danger to the patient's life or health, the answer must be in the negative. However, injury can result from radically wrong methods of procedure. Such is the judgment of experience in all countries. I have induced hypnosis about sixty thousand times, and I have never seen or heard that anybody suffered any bad effect afterward. The only unpleasant circumstance which I have observed, was that sleep would come involuntarily to the patient. I have seen this phenomenon twice in somnambulists, but a single suggestion sufficed to prevent any further repetition of that condition. The advantage, on the contrary, consists in this, that many, through hypnotism, learn to exercise such control over their own sleep and thoughts that they usually are able to sleep as long as they wish and whenever they wish, and hundreds, as I have seen repeatedly, have been, by the mere thought, freed from various troubles which previously had afflicted them at all times.[1]

I conclude this work with these words, which I base upon my own experience, and that of other physicians, that the hypnotic treatment is in many cases of great and important value, and often the only means that can secure the desired result—recovery of health. The method is based on a thorough psychic treatment, and its often observed effects are just so many proofs that our

[1] Liébeault, p. 479, etc.

thoughts possess a great power over our bodies, when the will, in a certain degree, is limited and inactive. It is difficult for the medical profession of today to acknowledge this; as Bernheim says, they believe themselves able to explain all the secrets of life by mechanical, physical and chemical laws, without taking into consideration that the mind also has something to do with the human organism, and that—he continues—there exists a psycho-therapy as surely as a psycho-biology.

Of this I am also convinced, but I do not, therefore, see a panacea in hypno-suggestion, to the exclusion of all other means and methods, although its field of usefulness is great and extensive, nor do I, in the least wish to assert that its use is always successful. Suggestive therapeutics, as established by Liébeault, will make its way as surely as gymnastics, electro-therapeutics, hydro-therapeutics and massage. Who thinks now, for instance, upon what the learned Riolan had to say against Harvey's discovery of the circulation of the blood, and what matters, today, the antagonism of the Paris Faculty toward his ingenious discovery?[1] The history of science contains many pages of obstinate antagonism, but also of final victories, and I will remind the antagonists of hypnotism of the words with which Dumontpallier finished his welcome speech to the First Hypnotic Congress:—"Let us advance and not care for the indifference and scepticism of those who will neither learn, see, nor hear!"

[1] Raynaud. *Les médecins au temps de Molière.* Paris, 1863, p. 163, etc.

HYPNO-SUGGESTION, ETC.

MEDICAL LETTERS

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PREFACE.

THESE pages on hypno-suggestion as a therapeutic agent, were written by request, and at irregular intervals, after my return from a two years' clinical study of nervous and mental diseases, principally under Professor Bernheim in Nancy and Professor von Krafft-Ebing in Vienna, to whom I here reiterate my grateful appreciation of the advantages thus afforded.

The purpose was to give a succinct idea of the present status of practical psychic therapeutics, as based on the observation of clinical facts. If, with no other claim, I have succeeded in this, I trust that these pages may also, in their present form, still further serve that purpose, and, therefore, I dedicate them to all who are earnestly interested in the application of psychic processes to physical and mental disease.

THE AUTHOR.

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PRACTICAL TEACHINGS OF THE USE OF PSYCHOLOGY IN MEDICINE.

NOTES FROM CLINICAL STUDIES WITH BERNHEIM, FOREL, VON KRAFFT-EBING, ETC.

I.

AN early train in July 1891, brought me from Strasburg to Nancy. There was a strange comfort in leaving, as an indescribable feeling of uneasiness had grown stronger during my short stay. Impartial in my views, and a perfect stranger, nothing but politeness and kindness had been extended to me. The new Strasburg had elicited my admiration, with its fine private and public buildings—a magnificent university, for instance, an eloquent interpretation of the German love and respect for scientific pursuits. The pride manifested in showing me all this was legitimate, and no exultation struck a discordant note.

Still, one labored under the irrepressible feeling that to bridle utterance, whether of criticism or of praise, would be just as much an act of kindness as of prudence. It was intolerable. A silence of unspoken thoughts made the city mournful and chilly. To watch the characteristic, ill-concealed language of those faces, eyes, gait, and then to think of the terrible effect when the spell eventually breaks! This prison air unnerved me. Just as silent and masked lies the steel girdle around. The rippling surface of the surrounding land looks like a half-forgotten burial-ground, but its undulating lines are the war-god's hieroglyphs. There, in these hidden casemates, are buried at present the weighty arguments of—a future day. And over it all, green waving grass, birds and a fleecy sky.

Speeding on, there were banners and music from the frontier to Nancy. What a contrast between the 14th of July here and there! On several occasions I had partaken of French enthusiasm on that day, but had never before been equally touched by its

pathos and meaning. The gay coloring of the crowd thronging the streets on the passing of the troops, and filling the great square to witness their review, was a pleasant welcome to the city which for so many years I had longed to visit. Stanislas Place, surrounded with its magnificently wrought iron gates, opened into the Pépinière, a park of great rural beauty and rich in shade trees and tastefully arranged flower-beds. Thousands filled it. The military band played, and later in the evening, when numberless lanterns splashed streaks of color upon the animated promenaders, it made one think of the preparation for a carnival.

The next day had sobered this exuberance, and Nancy was again the quiet, easy-going provincial town, claiming no ambitious position otherwise than that accruing from peaceful thrift among its citizens. This was not, however, what attracted me to the place. Nancy had attracted the physician, not the sightseer or inquirer into its patriotic or its industrial status. It reckoned among its citizens men of keen observation, men whose fearless and successful researches had given their names to the scientific world by proclaiming a new departure, apparently in direct opposition to former theories and experience. Liébeault and Bernheim are known to the medical world as advocates of psychological therapeutics based upon rational and honest investigation of psychic possibilities. The result of their experiments is known as "hypno-suggestion." They have gathered around them those who have been willing to try the new, not in contempt of the old, but incited by a spirit of progress that believes in evolutionary phases of existing things. Accordingly there is a constant intellectual growth which necessarily must supersede the old. Therefore the modern world differs in this from generations of the past, that it nurses fewer theories at the expense and refutation of facts. In making Nancy a medical Mecca, the modern physician comes there, not to sit at the feet of any exponent of abstract philosophy, but to observe readily demonstrable facts, to test them, and then discuss the theory which endeavors to furnish an explanation. This purpose animated me when I called upon Professor Bernheim that day.

Rather below middle size and slightly bent at the shoulders, he carries a well-formed head of especially fine frontal development, closely cut hair more gray than white, a moustache and goatee. His eyes have a friendly smile which encourages, and

makes a well-modulated voice more sympathetic. He has few, almost no gestures, and the whole impression is one of quiet and modest assurance. He is enthusiastic, but a good listener. Accustomed to contradiction, his discussion is never tainted with bitterness or with obstinacy. He manifests more than polite interest in your views; but, without appearing over-anxious to change them if opposed to his own, he does not tire of justifying the position he has taken.

With these impressions I left his cosey office in Carrière Place, and the congenial professor's "*à demain, Docteur, nous verrons bien des choses!*" opened to me for a long time *l'hôpital civil*, whose clinical chief he is, for the nervous section, and where his remarkable experimental studies of hypnotic conditions have advanced practical medicine, not at the expense of innocent lives scientifically tortured, but by judiciously utilizing that subtle power inherent in every human being, which eludes the scalpel, the microscope and all direct material research.

About a hundred patients, male and female, received Professor Bernheim's morning visit in airy wards with large windows, where the monotony of white was broken by restful green plants and the patients' pet flowers, many in bloom. From bed to bed we went, and after the individual case was examined, Bernheim would address the sufferer in a gentle, firm voice in no way different from his ordinary conversational rhythm. He told them to sleep either at once or before he left the ward, suggested the alleviation or the disappearance of their pains, made them take imaginary tonics, at times touched the seat of pain, and assured them that when their slumber had ceased—he fixing its duration as well as the right time for it—they then would feel comfortable and in a happier mood.

The ease, one could say elegance, with which the hypnosis was induced, formed a striking feature in itself and differed essentially from what I had previously observed in the clinics in Berlin and Vienna. Professor von Krafft-Ebing, for instance, would look steadily at the patient, even hold his hands or make movements like passes from the vertex down over the eyes, while he verbally and in a rather monotonous but pleasant voice impressed him with what he expected to be the result in regard to either physical or mental sensations. At Nancy the whole change occurred with astonishing rapidity, and often so suddenly that the intervening degrees would escape the observer.

For instance, a patient listens to the record of the last twenty-four hours of his case, and to the Professor's remarks; he is then told that certain painful conditions are going to change during the sleep he now enters upon. He seems perfectly conscious, and you would consider his marked attention to what is told him very natural, and if you ventured to address him think little of his not heeding you. His real condition, if you are aware of it, offers now, however, the opportunity for studying the curious phenomenon of a gradual fading away of his individual self, the primary *ego*, with increasing absorption of its substitute, the *alter ego*. He may one minute hear, but not see or feel, and the next again be completely oblivious to any other extraneous influence except the one upon which his intellectual faculties are riveted, while the sensory impressions are being annihilated. In the time the physical surroundings are undergoing these changes, his intellectual forces being concentrated, and their energy directed toward the result to be obtained, the subject is really brought to utilize his own powers by obeying the will which dictates. It is suggestion in the waking state, dispensing with hypnotic sleep. You can test the actuality of the suggested impressions and, if possible, compare them with the previous ones. The arm which a moment before was paretic, and the force of which the dynamometer registered but a feeble pressure, has received increased strength. At will, you make the various parts of his body anæsthetic or hyperæsthetic.

One case, that of ulcer of the stomach, which I had the advantage of observing for a week, was finally discharged cured from the hospital, and that after many efforts had proved failures in other places. Excruciating internal pains are assuaged by an imaginary lotion, by the direct command not to suffer, and the despondent mood is made calm and hopeful. Both the mental and physical effects thus obtained are the result of the physician's suggestion, and while he uses the hypnotic condition in many cases for the sake of creating a passive state, and thus increasing the subject's suggestibility, it can be dispensed with. The idea, therefore, that to receive a suggestion, which is to be carried out even to an act, necessitates a previous deep unconsciousness, is erroneous in many respects. The patient has entered into the receptive state by what is explained as inhibition of the cerebral cortex, and a potent psychical influence has taken possession of him by directing both the mental and the physical functions.

Professor Bernheim does not reject the idea of thought-transference, but says that with him the experiment has never succeeded. Some of his French colleagues and others, however, have proved this possibility, but its apparently exceptional occurrence has deprived it at present, perhaps, of practical usefulness for therapeutical purposes.

It would be beyond the present intention to enter upon a speculative discussion of the question, almost offensively delicate, as to whether we possess an independent will or not. Much evidence corroborates to strengthen a negative view, because in every case where the individual will finds expression we are more or less ignorant of the causes which have made us act. To sustain the contrary would be more flattering than substantial, and although we may delight in ascertaining that the waves of molecular vibration in our brain produce consciousness, we are still forced to acknowledge our unconsciousness as to the vibratory cause itself. Any controversy in regard to this and also to telepathic possibilities is therefore of no mean interest and may ere long by continued earnest investigation approach a solution. For that purpose we need first of all to divest the subject of its apparent mystery. W. Crookes thinks that we have happily outgrown the preposterous notion that research in any department of science is a mere waste of time. This may be true, but many ideas strange to our own perceptions are continually dwarfed by an opposition which often has no better argument than a leer or affected superiority.

Of late we are informed that Professor Nicolas Tesla has been able to illuminate a room without connecting his lamp with the light source in any ordinary way. The experiment recalls a demonstration, several years ago, by Professor A. E. Dolbear, at the Massachusetts Institute of Technology, in explanation of his telephone. Here conversation was carried on at both ends, although the conducting elements to all appearances were interrupted. Something similar has been observed quite lately between two telephone stations in California. The mystery of all this may find its natural and logical explanation in the very fortunate fact of the right conditions being established for ethereal vibration. Have we a more plausible reason in presuming cerebral vibration to be any greater mystery? To us there seems to be a logical sequence and similarity between wireless electric light and speech and wordless suggestion. We necessarily reason from transient effects in trying to seize permanent causes, and even if these

effects should present apparent mysteries, to conclude that the whole is an absurdity, would not be justifiable. It may, as Herbert Spencer says, be truth perpetually that accumulated facts lying in disorder begin to assume some shape if an hypothesis is thrown among them, but how often does it not act as an extinguisher instead of as a spark?

The following experience can be vouched for: The day trains between Boston and New York are at certain points of the route less crowded. Such trains offer good opportunities for telepathic experiments. The proper selection of subjects will in many instances be the outcome of failures and successful reflection upon their possible causes. Let us suppose, for instance, a person sitting several seats in front of you, on your side of the car, near the window, and with his back turned. He reads his paper after having settled comfortably down in his seat. There are fair chances for successful experimenting with anyone thus engaged. The man does not seem to be absorbed exactly, but he reads on doggedly. It is now your turn to substitute some other subject for the prosy article, without necessarily attempting to create poetical visions. Doing so, you will notice that the man becomes fidgety, moves in his seat, drops his paper, turns several times uneasily, and finally, as with a fixed purpose, wheels right around and gazes at you in a far from accidental manner. He who has ever seen a hypnotized person when awakening, or when in the post-hypnotic state, will find in this individual's facial expression the same blank, puzzled look of astonishment as if he were unsuccessfully wrestling with an explanation that eluded his mental grasp. You could have told him that it was your work, and that through your will, more powerful at the moment than his self-chosen entertainment, a molecular action had been started in his brain, its vibrations responding to those from your own. Once this pendulum-swing between yourself and your subject, conditions permitting, you may carry the experiment farther. Your mutual positions in the car were guarded here against self-deception as they involved the greatest physical inconvenience possible to him in his change of position at the moment he obeyed the given impulse.

This example leads us to the conclusion that our intellectual faculties can be most easily controlled when the mind is passive, or, as the saying goes, thinking of "nothing." This may happen suddenly as if stormed and captured, or again, by slow degrees as

if by a regular siege. The busy mind, on the other hand, resists your thought just as it would your speech. It is a question whether a mind seriously occupied with a potent idea is more or less proof against foreign thought-influence than one revolving kaleidoscopic images of stocks and bonds, fairs, Paderewsky, bargain sales, etc. In this last condition a person is a hard subject. Such apparent immunity from mental access would almost recommend a state popularly known as "giddiness," presuming individual possession without well-defined ideation. It must, however, be conceded that this places him in line with certain alienated individuals upon whom suggestive experiments succeed only after the sacrifice of much time and patience. A person of good common-sense and not imaginative, but concentrated and accustomed to discipline, proves an excellent and surprisingly easy subject.

Statistics show men to be about one per cent less susceptible than women, and this not, as Charcot asserts, among neurotic and hysterical patients alone. This the Nancy clinic demonstrates daily. As a physiological fact, the importance of which is evident, we notice a more marked susceptibility in childhood and youth and a diminution thereof in advanced age. Suggestion as projected will is powerful enough to break down intervening obstacles whenever encountered, but it is no magic *sesame* and manifests its power only when judiciously and patiently directed. Unconscious mental suggestion and sensitiveness to its promptings have been well demonstrated in the case of a Bishop or a Cumberland. While an absolute follower of the Salpêtrière school would on Charcot's authority refer it to fibrillary contractions and vascular modifications caused by emotional impulse, the Nancy school goes a step farther, and while agreeing to a physical condition from psychic causes, it unites this psychic cause with psychic effect, the third link in the chain of sequences.

In passing through the wards of the Nancy Hospital we naturally perceive that the atmosphere of expectancy greatly aids in producing the impressions suggested. This Bernheim of course admits and rejoices in the fact. The therapeutic results lose no value thereby either as a scientific demonstration or as a blessing to the inmates. One might just as well say that a patient recovering rapidly under the treatment of a physician in whom he places implicit confidence, ought to have submitted his case to some other of his colleagues toward whom he feels utterly indifferent, although he recognizes his skill. In fact, the first step

toward hypnosis is thus begun, and the subsequent increase of suggestibility introduced. The patient himself aids by auto-suggestion. From a medical point of view, the novel and curious sight of a whole ward falling asleep according to order was less striking than the awaking, and the conviction through tangible proofs of both physical and mental improvement in most cases.

It must be remembered that these are patients in the City Hospital, and subject to the ordinary regulated routine of every clinic, with every opportunity to follow up their conditions hourly and daily. Consequently here were to be seen both recent and old cases, and the development of the symptoms could not be said to be the effect of imaginary mirage or complacent belief. After one such experience no one will make a boast of his dulness or his prejudice. If an inflammation can be produced by suggestion, is it not just as natural that it could be reduced by the same means? If a person can be talked into the belief that he looks badly and feels poorly, you can also talk him out of it. The mental medicine, its existence and its effects, grief or joy, can be demonstrated by the pathological changes it produces when the patient's assertion leaves you sceptical.

What the American public knows as mind cure and "mental science" every honest and observing physician acknowledges to be fundamentally true, though he strongly opposes their fallacies; this, for instance, that diseases are but products of thought. Adults may be hypochondriacal regarding their bodily status, and physicians often have to dispel diseases resting upon morbid notions, but children cannot therefore with any shadow of logic be said to have thought themselves into a diseased condition. If treated as a question of heredity, however, the subject may find defenders. The modern physician finds it worth his while to give these ideas a thoughtful consideration and does not reckon it a sacrilege to infuse an orthodox mummy with heterodox life. He admits even a layman's ability to produce similar results, but he does not admit his promiscuous endeavors, although he be, as in some instances, a well-trained philosophical mind inspired with noble intentions. There must be as thorough a comprehension as possible of bodily as well as mental functions, normal as well as abnormal, no fanatical enthusiasm and exclusiveness blinding the senses to differentiating shades and the aid most needed. Thus we will not be called upon to witness the appalling tragedy

of thought-battles and prayer-conclaves to assuage and save both children and adults under extreme conditions dependent upon medical or surgical skill alone.

In these sentences is therefore also expressed our belief that mind-power and hypno-suggestion are not the all-replacing therapeutical agents, but take their places as powerful adjuvants which enlarge our field of usefulness, and, although at the present time hardly more than empirical, they have already adjusted many of the grosser medical errors to a finer and more scientific standard. Their presence, their action, and their results remind the world of thought of the too often forgotten fact that the human body is not the essential man, and that if considered as an unknown quantity, all hypothetical deductions of a purely material science will be misleading.

II.

The great argument to stay both study and practice of hypnotism is the confused idea of its danger. The idea is confused because even at this moment the majority of the medical profession are ignorant of its principles. In the days of Mesmer, etc., the then demonstrated phenomena were most learnedly dubbed fraud, and it remains a curiosity of science that Benjamin Franklin, who had himself experienced the ridicule of his countrymen and the English Academy for his attempts to identify lightning and electricity, should have been one of the committee of savants who, in 1784, in Paris, examined the claims of Mesmerism and condemned it as absolute quackery. The various phases of its development down to the present give evidence of the fact that while serenely ignoring and condemning even tangible proofs, these investigators, blinded by their materialistic zeal, overlooked entirely the presence and importance of that greatest of all magnets—the human will. So, also, when the famous Perkins' metallic tractors were found to be equal to wooden ones, the effect of the former ones was not reduced to an *absurdum*, nor was any benefit derived from the so-called exposure. Its permanent cause, suggestion or auto-suggestion, found no intelligent advocate, and the opportunity was lost in a mass of triumphant self-conceit.

Under such circumstances the lack of information and practical study on the part of physicians incapacitates them for judging of its danger or usefulness. Professor Bernheim and also

Professor Forel go even so far as to refuse anyone the right to judge of hypnotism who has not succeeded with at least eighty per cent of those experimented upon. There must first be personal observation and then personal experience. Summing up the result, we would frankly admit the presence of a danger, but such a one as is always co-existent with imperfect knowledge. A surgical instrument is a terrible weapon in a child's hand, and poisonous drugs are usually so when administered by an ignorant or careless person. Abuse does not abolish use. This exaggerated idea of hypnotic danger has been the cause of a convenient laziness on the part of the medical profession at large, and has delayed its intelligent comprehension by the public. It is not enough to criticise and condemn public demonstrations by those whose education would not warrant a lucid explanation. Such criticism reverts, however, when the dignity aroused remains crystallized, and we permit ourselves to be guided by *a priori* conclusions. It must be confessed that just this position has retarded our insight into hypno-suggestive causes and effects, and given valuable material into hands from which only our own progressive ability and the public's appreciation may finally wrest it.

Schiller has given us the yet recognizable features of the student who works only with a need to making his bread, as follows: "Every extension of his bread-science makes him uneasy, because it gives him fresh work or makes what he has learned useless; every important innovation frightens him because it shatters the old-school form, which he took such pains to master, and he is in danger of losing a whole life's work. Who have written more about reformers than the mass of these bread-students? Who impede the progress of useful revolution in the domain of knowledge more than these? Every light that genius kindles, it does not matter in what branch of science, makes their poverty visible. They fight with bitterness, malice and despair, because they fight for their own existence while defending the school system. Therefore, no enemy is more implacable, no colleague more jealous, no calumniator more willing, than the bread-student. Every new discovery within his world of activity, is a loss to him, but a delight and a gain to the philosophic mind. It filled, perhaps, a gap which had deformed the perfection of his thoughts, as it placed the last stone wanting in his ideal structure, which it completed. But even should it all go to pieces, and a new line

of thought, a new phenomenon, a new undiscovered law of nature destroy his whole scientific edifice, he would, nevertheless, love truth better than his system, and he feels happy to change the old and imperfect form for one new and beautiful."

The species thus described by the German poet is not extinct. For the sake of parallelism, this instance is given: When James Esdaile, a prominent surgeon in H. B. M. Indian Service, registered painless operations under what then, in 1840, was called mesmeric influence, the Royal Medical and Chirurgical Society of London retorted by this classical utterance: "Pain is a wise provision of nature, and patients ought to suffer pain while the surgeon is operating; they are all the better for it, and recover better." The *ergo* was, of course, an absolute condemnation of Dr. Esdaile's methods.

An echo of this was heard in 1890, at the meeting of the British Medical Association, discussing hypnotism in therapeutics. Dr. Norman Kerr, although acknowledging the hypnotic phenomena as facts, called it "false therapeutics" to annul pain by hypnotism, because pain is a message from a diseased part. We need not dwell upon the absurdity and narrowness of the utterance. Even if true that hypnotism exchanges one morbid condition for another, would it not be desirable to welcome the one that gives the least pain? The more the idea of hypnotism is freed from coarse errors, the sooner will it become a real benefit. Unscientific precursors have induced the error of presuming a mental weakness or faulty equilibrium of nervous force in hypnotic subjects. This is contradicted by facts. Some again say that hypnosis can be produced by any means causing fatigue of the senses, just as certain phenomena in the hypnotic state can be made apparent by mechanical irritation. This also is incorrect as a parallel. Hypnosis never occurs without suggestion or autosuggestion; it is not pathological, but physiological, not in its origin somatic, but psychic. Neurotrophic changes might then also be said to result from the application of a postage-stamp to a person's back, while its vesicatory effect is due to the will-control of motor and sensory centers. Fatigue is a factor, not the entity.

When sleep occurs, then first commences the active influence. Suggestion not only prepares but dominates after hypnosis has produced passiveness and receptiveness. Seeing as we do no marked difference between this state and ordinary sleep, we can-

not admit that a nervous debilitated condition is caused, resulting in a dynamic modification of the brain. The sleep induced is not abnormal, as it does not create new functions, and the phenomena observed we obtain during both states. There is concentration in both these cases, and the activity of our intellectual faculties is evident either as a dream or as a direct suggestion. It is this cerebral activity during repose that is utilized, and if for the best purpose, one is hardly justified in saying that contact with an organ continually vibrating under external impressions is at any time hurtful as a strain upon conscious cerebration. Such contact may and does prove corrective and strengthening. Forel claims that a sound brain is under such circumstances giving the most satisfactory results, as capable of a more clearly defined state of expectancy. A subject awake is able to correct and also to repel an impression or suggestion, while his passive observation in hypnosis seizes upon the projected thought to the obliteration of all others.

The insane as well as the inebriate are difficult subjects for hypnotism or suggestion, chiefly on account of their erratic thoughts, as already alluded to. Nevertheless, here also has suggestion proved successful. Of course, if their brain substance has degenerated, no power on earth can replace anatomically destroyed parts, but the morbid development may be impeded by limitation of the area already involved. Certain physiological facts must guide our efforts. So we know that nervous exhaustion, mere physical fatigue alone, does not produce either sleep or hypnosis. Great mental excitement can counteract sleep, although extreme bodily weakness exists; but, at the same time, increased physical weariness can also completely conquer psychic effects. Consent and co-operation are required to hypnotize a person, but for suggestion a peculiar susceptibility is needed.

As the hypnotic state prepares for that of suggestibility, the involuntary subjection of individual thought becomes difficult in the waking state, and more particularly so when the subject is not aware of any such purpose. Time and patience are indispensable, and timid people may rest assured that, only in exceptional cases, a sudden snapping of fingers and an imperative command to sleep, or the insidious infiltration of a stranger's thoughts and will, can have immediate effect. It depends just as much upon the subject as upon the experimenter, and the wonderman, the platform hypnotizer, has gone Therefore it is mostly after re-

peated suggestions that the hypnotic and suggestive state can be reached. This fact was clearly demonstrated when new patients arrived, and many of these did not yield quickly to our efforts. Professor Bernheim failed as well as his assistants, and he acknowledges that this is a daily occurrence in his private practice. There is, of course, a way of doing which only repeated experimenting can teach, but all means finally produce the same result. The individuality exercises its influence, whether the more potent concentration or its very quality, most likely both, and this gives, in many instances, the explanation why our patients reap greater and quicker benefit from one physician than from another. In fact it is but the phenomenon of daily life with the examples it offers through the senses. What are emotions but suggestions entering the brain to produce results on our physical or mental conditions? We may therefore see that it is not a necessity, *sine qua non*, to produce a profound sleep as the initiatory step to suggestive therapeutics.

The antidote for a too easy suggestibility is suggestion itself. Bernheim and colleagues using the hypnotic state therapeutically, would invariably suggest before waking the subject that no one should be able to hypnotize him or her except the physician whom they voluntarily wished should relieve their sufferings. Thus the impressibility of a natural disposition, or that provoked by repeated hypnosis, may be limited to its proper sphere of usefulness. Considering the agent as therapeutical and not as a novel mode of entertainment for drawing-room or platform, the danger is lessened. A safeguard to both physician and patient, moreover, is the presence of a third person, without which no such treatment should be entered upon. Clinical experience has not yet proved any disastrous after-effect as the unavoidable result of hypnosis, and a patient's mental independence has no more been transformed into stupefied docility than it would be as the result of any other anæsthetic, provided no post-hypnotic condition remained to fetter his will. It is, then, a physician's duty to superintend this. A gradual waking after having suggested that it should be a pleasant one restores completely a self-conscious equilibrium, and leaves but in few cases a confused sensation, more or less transient, according to individual constitution.

Some investigators have thought to correct or rather to promote hypnosis by the administration of narcotics from the very fact that this condition is often obtained with great loss of time

when the method of suggestion alone is employed. We think this gives rise to many physiological obstacles, and an increase of experimenting fraught with real danger. The safe proportion of the animal and the psychic life, their mutual limitations and capacity for independent control, are not at present cognizant to scientific knowledge, and would be apt to pass beyond the aim we desire to reach. If, nevertheless, narcotics have been advocated and even successfully employed where hypnosis otherwise could not be obtained, we must recall that there are numerous cases where, in such dilemma, the mere preparations to anæsthetize have produced its somnolent effect under well-directed suggestion and consequent auto-suggestion. Moreover, aside from its doubtful advisability, we must not forget the subject's own individual predisposition, which it is decidedly erroneous to confound with the degree of hypnosis.

Suggestibility is one thing and hypnotic susceptibility is another, and they are not dependent upon each other although they correspond. We have observed persons easily hypnotized, but at the same time manifesting difficulty either in seizing the idea suggested or in acting upon it, from a marked check of the motor or sensory sphere. It is, further, not verified by increasing clinical observations that hysterical subjects are particularly good hypnotic subjects. Nervous affections are predisposing causes, no doubt, but the great number of, in every respect, healthy persons, born of healthy parents, in whom all the hypnotic degrees can be provoked, contradicts the views of Charcot, while strengthening those of Bernheim. On various occasions we have witnessed even a singular resistance on the part of hysterical and neurotic individuals claimed to be such very easy subjects. Of no little importance is it in this connection to know that hypnotism does not create hysterical after-conditions in otherwise healthy people. The attempts which occasionally have been made to emphasize such a possibility are at best based upon a confused definition of hysteria.

The employment of hypno-suggestion has at this moment entered private as well as official practice, and its beneficial results have established the conviction that medical science, with the adjuvants it now possesses, cannot afford to discard its services. No European clinic of any importance is bare of illustrations to prove its right to therapeutical consideration, and lingering prejudice is but an asthmatic argument in the race of weighty

facts. It is through such channels and in the hands of the Old World's most eminent teachers that ample time and opportunity to investigate will do more than discussion *ex cathedra* and the monopoly of knowledge. We have spoken of its dangers and we know that Legislatures endeavor to limit them by definite laws. But its use for the social good is also agitated today, and at a recent debate in the Austrian Reichsrath, a member reproached the Minister of Education for the university's lukewarm interest in the question, designating such indifference as a "crime," whereby suffering humanity is deprived of valuable aid. This accusation is made publicly in a country where it is already taught and practised by the most eminent chairs.

Several hundred cases observed during a period of two years give me as a physician a similar right to employ this remedy. Diseases within and outside of hospitals have been relieved and cured by hypno-suggestive therapeutics. They have not been limited to neurotic persons and light cases, but on the contrary in very many instances have been applied to those considered hopeless. Neither would it be right to say that cases benefited through this agent suffer relapses and therefore gain but a temporary good. We have observed the bane of bad habits eradicated by it, leaving an invincible disgust for falsehood, tobacco, alcohol, opium, morphia, etc. Its application may, however, like all other remedial agents, come too late and be merely able to sustain a sinking system. Where nature's resources are not yet all exhausted, and where manhood lingers, its use is certainly not in vain. Such observations are at the disposal of any sceptical but intelligent mind, if facts are required in place of theory.

The medical profession in America has retarded its advance in this direction. Its interest, indeed, ought not to remain limited to club talk or discussion in iron-hooped societies with exclusive studies and purposes. As a liberal science its researches ought to be independent of any watchword placing it in subservience as tyrannical as French fashions and English fads. For those who are timid, there is at the present time sufficient authority to shield any attempt to carry hypno-suggestive therapeutics into legitimate private practice, and our clinics and hospitals should be called upon to instruct in a branch of the healing art—certainly not any more empirical than other honorable and plausible efforts to widen its field.

American contribution to this science has hitherto come al-

most exclusively from non-medical circles, the papers being often well written and clearly defined, and on many occasions the writer has been singularly impressed by noticing that the Old World's scientists adopt and adapt transatlantic notions in this direction, although not sanctioning them in the original form or acknowledging their primary authority. American medical literature relating to the subject is scarce, and is not quoted abroad as weighty enough to enrich European experience. Still, the American mind is creative, although its blunt crudeness may lack speculative polish; it is observant, and astonishingly intuitive so that often its right choice resembles the result of tact and study. Its obstacle to independent thinking, and that in spite of a "go-as-you-like" principle, is, nevertheless, its timid reliance upon foreign criticism in matters where it is taught yet that it is inferior, which certainly is true, and mainly on account of this acceptance of a subordinate position. When this idea of deference ceases to impede our progress we may hope to gain respect for our own observations, deductions and conclusions, and not be obliged to sanction them as imported second-hand articles.

III.

At the Second International Congress of experimental psychology, held in London in 1892 from the first to the fourth of August, the tendency of its communications and discussions was to decrease the number of theories extant and to throw light on accumulated matter by additional facts and more concise terms. In Europe, where, so far, the clinical study of psychological action has broken through the hitherto wellnigh unassailable stronghold of medical conservatism, the subject claims today not only better qualified advocates within the profession proper, but also a more rational and less prejudiced insight among the intellectual class. This fortunate position is largely due to the absence of any ponderous playing at secrecy and oracular misgivings whenever the problem refuses to fit any scientific strait-jacket. Besides, although there are leaders, there are also independent co-workers suffering on the whole but little from the general apathy and conservative spirit.

Among the communications which attracted most attention at the congress was one by Dr. F. van Eeden of Amsterdam. Holland, who, with his colleague, Dr. van Renterghem of the same city, has made extensive studies at his private clinic. The

lessons taught by these experiences he presented in a paper on *The Principles of Psycho-Therapeutics*, and even a fragmentary acquaintance with his remarks will presumably prove useful and interesting reading both to physicians and laymen.

He regrets first that the words hypnotism and hypnosis were ever made use of in connection with suggestive therapeutics, as they have given rise to prejudice, confusion and misunderstanding on the part of those who might have been benefited themselves through benefiting others. The hypnotism of today, or rather that which was brought into existence by the name and authority of so eminent a man as Charcot and then caricatured by stage exhibitions, had as its natural sequence strong opposition and the birth of a more refined and truer view—suggestive or psycho-therapeutics. The fact, however, that it followed in the wake of the Salpêtrière hypnotism, has been detrimental to its ready and rational acceptance, and the show-business, according to Dr. van Eeden, has injured it still more even in the eyes of physicians. Concurring as we do in this view, we can but gratefully remember that indifference was thereby stimulated into activity, and that Charcot's demonstrations and hypotheses, through a searching opposition, showed themselves to rest upon too material a basis, and by their abnormal character to divert the observer from any deeper cognizance of the underlying psychic possibilities in man.

While, therefore, at first, physicians, on being taught that this was going to serve as a therapeutic agent, could see but an odd novelty fit for the working of charlatans, it has helped finally to attract, both directly and indirectly, a number of serious investigators. If the profession had given heed to the patient work of Liébeault's modest clinic at Nancy at least ten years earlier than the hypnotic movement at Salpêtrière, suggestive therapeutics would have found their way unobstructed by prejudice just as massage, hydro-therapeutics, and electro-therapeutics have done. Today, the mere idea of patients at Liébeault's and Bernheim's clinics having run the risk of danger is more ridiculous than ever, as no unbiased student and practitioner of psycho-therapeutics doubts that the sick can be cured—we say not indiscriminately—by their inherent *vis medicatrix*, guided by proper suggestion and favored at times by an induced somnolent state. This is the reason why the practitioner from the very beginning must keep apart the two notions—hypnotism and psycho-therapeutics.

The question as to whether hypnosis may be considered a normal or abnormal sleep is still an open forum, as we, today, are not even able to define its ordinary aspects. Still we may, without risking our position, admit the hypnosis to be a possibly abnormal state by its anæsthesia and obedience to external impressions without waking. We may require both conditions ; as when we wish to perform a surgical or dental operation, to correct stammering speech, subdue writer's cramp, or give movement to paretic or paralytic limbs, etc. Nevertheless, the obedience to external promptings does not make sleep abnormal any more than the act of a sleeping *concièrge* who opens the door when the bell rings, the automatic march of a soldier in the field, and the mother attending to the comforts of the child at her side.

From a therapeutic point of view, it would be out of the question, and even freighted with danger, to make our patients, when asleep, needlessly speak, write, walk, or open their eyes. Then we would produce a pathological condition creating nocturnal somnambulism, for instance. Public exhibitions having phenomena only as their aim, have nothing in common with the purpose of the physician to relieve and cure instead of to astonish and gain the applause of a crowd at the expense of persons who more willingly than wisely submit to such experiments. For therapeutic purposes we do not need this abnormal condition wherein a person presents another self impelled by foreign will. Medical suggestive effort can but gain by this very independence of all fictitious existence and rise to a position of unsuspected utility.

The hypnotism of Salpêtrière has been the greatest enemy of psycho-therapeutics by frightening both sick and well, and in this fact is to be found the only valid excuse for doctors making such remarks to patients as follows : " Do as you like, but never allow anyone to hypnotize you ! " Or, whenever a patient has been successfully treated by psycho-therapeutics : " Well, well, the cure, as you call it, is only apparent, as you will find out at your cost later ! " Or this : " Be careful, it is not so innocent a thing as it looks ! " A patient retorted : " You do not believe, however, that it would kill me ? " " No," answered the physician, " you may not fear that exactly, but what is far worse will happen to you ! " Others inform their patients that they would have been cured anyhow, and that this particular treatment had nothing to do with the result. Now, if these remarks were made in the course of general practice, surgical or gynæcological, they would

have been put down as disloyal to the profession, and, perhaps, not deemed worthy of any reply. But whether due to ignorance or malignity, such remarks are of far more significance to the practice of psycho-therapeutics. The danger would be similar to that of using a surgeon's instruments, without his knowledge, in performing an autopsy or any operation on a dead body, because speaking thus, with the authority of a physician, his words are suggestions which may profoundly and forever injure a nervous or impressionable person, and distrust once created, all suggestive treatment may afterward prove a failure.

Forel has said that the hypnotic sleep stimulates the suggestibility, because it produces irregular mental action (ataxy of the mind), and that this ataxy, when suggestions are often repeated, may present itself also during the waking state. Nobody would deny this, and we are consequently facing abnormal conditions under which our curative efforts would suffer needlessly. It must be remembered that although such results may be checked by energetic contra-suggestions, it is, nevertheless, true that psychic ataxy is one of the principal symptoms of hysteria. Strictly speaking, therapeutic suggestions would make no person hysterical, but it does not thereby follow that by repeating too often merely experimental suggestions one might not awaken latent hysteria. The physician's insight and the necessity of the case would consequently only suggest what was in harmony with the normal functions of the organism. Therefore it is a fundamental principle to stimulate as little as possible.

Personal experience teaches us the radical difference which exists between treating the ordinary class of patients in dispensaries and hospitals, and treating those of superior intellect in private practice. Whoever has studied suggestive therapeutics at the Nancy Hospital is struck by the facility with which the inmates obey the various suggestions and often repay those efforts with prompt curative results. Under such circumstances, the authority displayed and believed in does away with many words and explanations. The more decided the tone, the more brilliant the effect. If an energetic suggestion fails, then the aim fails also. Otherwise the failure is when the patients are independent, educated, and sceptical; the authoritative tone irritates them and may even appear ridiculous. They will not be subject to any command, and, above all, they will not accept without understanding. An impression is rarely made before the operator has

succeeded in giving them a somewhat clear idea of the whole thing.

The future of psycho-therapeutics is threatened by these obstacles, and by the apparently illogical fact that a therapeutic method has been elected which is suitable for one class only and not for all alike. If it were to remain so, the very class among which the greatest number of psychic and nervous diseases prevail the most would reap no benefit. Fortunately we are not limited to one method, that of absolute authority on the part of the physician and blind obedience on the part of the patient. Whenever we meet with obstinate opposition from a well-educated and well-balanced individual, it is neither because of his being afraid nor because he reflects another's contrary opinion; but simply because he does not comprehend the thing in itself, and therefore lacks confidence in what seems to him arbitrary and enforced.. We sympathize with such a state of mind; at the same time it becomes our duty to dispel it by generalizing the principles which guide our theories of therapeutic suggestions. Then we will find no difficulty in applying them with as much beneficial result here as in the case of children and persons who are less positive and less educated. Theoretically considered we must to a certain extent abandon the authority system and preserve the independence of the individual instead of being instrumental in its enfeeblement.

Clinical facts speak in favor of such a proceeding inasmuch as the most satisfactory results have been obtained where the patient either knew nothing, or all that at present can be known upon the subject. It ought not to be difficult in either case to gain the patient's ear and interest, especially as the aim in both instances is above any endeavor to control and is decidedly in the direction of benefit and aid. While with one class it is simply affirmed that everything will happen as suggested, and that by following instructions all morbid symptoms will disappear, the intelligent and educated patients must be spoken to as the operator would himself wish to be addressed. The ideo-plastic idea, the suggestive theory, must be explained and how it is possible to dominate and cure pathological conditions by ideas and volition. They must be told that no restraint is put upon them, that they are merely shown the way and that their present conditions will change, not by any preponderance of another's will, but as the result of a proper effort to aid by using their own will. They are

helped to develop the ideo-plastic faculty, whereby is meant the power that ideas possess to influence physical conditions, as, for instance, the production of cholera symptoms by fright, or that of bleeding marks on hands and feet from profound and continued contemplation of or meditation upon the crucified Saviour's wounds. They are guided by word and thought without restraint, authority, and command.

This seems easy and yet we find just here no slight obstacle. Truly intelligent patients are rare, and the majority possess but half-culture. What is lacking in intelligence and culture is made up in pretension, and unable to understand they are at the same time unwilling to submit to the knowledge of the physician. His task is doubled by being obliged to instruct as well as cure; his tact is required in managing their susceptibilities and ideas of mental independence while exercising his intellectual experience in their behalf. With a good and firm will to surmount these obstacles, much can be achieved, but the assistance of proper direction, exercise, and time is also needed.

IV.

The centralization of psychic functions is another principle, the tendency of which must be evident, at least to every psychologist. The equilibrium and order of all collaborating forces are indispensable to maintain the energy and resisting force of the entire organism. The conscious will of the patient must be appealed to. We are justified in saying that whenever a chronic disease is cured under such circumstances it offers the least chances of relapse. It can even be presented as a principle that, in every disease, we have to reckon with this psychic factor just as much as with nourishing diet, cleanliness, and pure air. If such an idea of psychic centralization should be opposed merely on the ground of a belief that only a few cases yield to its influence, the suggestive theory of Bernheim gives both a denial and an explanation.

Suggestion, or rather suggestibility, is composed of two elements: ability to receive an impulse from without, and the ideo-plastic faculty. As these are absolutely independent of each other, we must distinguish between them. There are patients who are very impressionable, and who accept a suggested idea with absolute confidence; the influence, however, of the idea upon their physiological functions is feeble. They do not realize

the suggestions, and their morbid symptoms yield with great difficulty, as their ideo-plastic conception is small. Others, on the contrary, accept suggestions slowly, are incredulous and even resist them. Nevertheless, we find that the physiological and pathological processes are easily modified by the psychic influence, sometimes by auto-suggestions. Here, then, the suggestibility is undeveloped and small, being surpassed by the ideo-plastic faculty. Forming, as it does, the very basis of psycho-therapeutics, we have no doubt as to its future, believing that the limits for its action will rapidly reach beyond the present ones, although even these furnish us with illustrations of severe organic diseases yielding to the beneficial influence.

The observations of Liébeault, Bernheim, Bérillon, Lloyd-Tuckey, Kongolensy, Wetterstrand, etc., as well as our own experience, have offered numerous proofs. Take, for instance, the improvement of the general bodily functions in pulmonary phthisis as an illustration. The exaggerations which so much marred Professor Koch's first experiments were due to ignorance of the power of suggestion on the part of the great bacteriologist. If he had understood how to separate the suggestive element as an active co-operating factor in his injections, the benefit effected in the beginning would not have been attributed to the lymph, and the final failure would not have been so discouraging. However, although recognizing the existence and power of the ideo-plastic faculty, it is rational to submit it to a conscious volition whenever it can be done in accordance with the physician's discrimination. Above all, the methods in each particular case should be varied with proper guidance and moderation, not because the suggestibility is thereby increased, but because the ideo-plastic faculty is thus developed and placed under the influence of a will that knows and directs its tendencies. What we look for is, therefore, a slight receptivity for outside impulses and as great a centralization of psychic functions and the ideo-plastic capacity as possible. It is rare to find this combination, but it can be attained by training and education.

Experience has taught many, myself included, that the psychic effect for curative purposes was stronger where patients either did not sleep at all or merely submitted to a somnolent sensation that left the senses conscious of what took place and also a clear recollection afterward. So in most cases, a somnolent state, or merely a passive condition, enhances the energy of the psychic force.

The attempt may be made to produce a profound sleep in cases of melancholy, anguish, and restlessness and insomnia, but even in such cases the effort is to develop the inherent faculty, commanding sleep whenever the patient desires to rest. It is an important point in the treatment of all neuroses and psycho-neuroses to regulate rest, and it is equally surprising to observe the remarkable results of a persistent and patient impulse. An intelligent patient is finally persuaded to suggest to himself before going to sleep that the effort of his conscious will shall act during the period of repose. Many of us have experienced how easily and correctly we wake up at a time which necessity has suggested to us before retiring. Of course the efficacy of this power may be lost when the patient is left to his own resources for too long a time. The process is so subtle and complicated that numerous causes are apt to interfere with it, such as a mistaken notion, mental depression, defiance, or a foreign influence. The physician's suggestion is then needed in order to avoid a complete relapse. Would anyone raise an objection to this? Are they not patients and he the physician? Or is any therapeutical method known, the results of which exclude all possibility of a relapse?

There is no objection so weak and void of sense as that which accuses psycho-therapeutics of not making absolute and durable cures. Medical practice in general proves our position because no pretended cure of chronic disease by chemical agents is an absolute cure—and for this reason, that nothing gives the assurance of the patient's power of resistance having been increased. On the contrary, it has rather been enfeebled and spoiled by the use of drugs. Some object that all this is nothing particularly new, and that psychic agents have never been discredited. No! the idea itself is not new, and was honored fifty years ago more than of late, as is evident from the works of Ruseland, Johannis Müller, and von Feuchtersleben. What today is new, however, is the method and the firm conviction. Thus, both in the way of science and of application, the idea is new. It has become scientific in its method, which, applied, resulted in a conviction based upon results. Most physicians probably applaud the idea as a beautiful one, but entertain little faith in its practical value. Why? Simply because they ignore recent psychological research and its discoveries, and the more that they are not, as a rule, prepared for it by previous training. Now this imperfect insight

into the domain of psychology, side by side with their greater familiarity with physiology and chemistry, has resulted in the fact that the medical practice of today relies principally on mechanical, chemical, and electrical agents, and dares not confide in the power of psychic functions.

As these functions, nevertheless, play a great rôle in the human organism, medicine as a science alien to this knowledge will never know human nature thoroughly and never be able to give genuine relief and comfort to its ills, but will remain, as at present, incomplete, provisory, and inexact. From this it does not follow that medicine is too materialistic. The natural sciences must necessarily be materialistic, as they embody the knowledge of external phenomena as matter or force, and are observed through the senses. Only that materialism which exaggerates the superiority of these sciences can be said to be the negation of thought itself, much as if we would pretend that paper and ink were of greater importance than the ideas they serve to convey. When Virchow discovered that the body is a combination of infinite collaborating cells, he called our attention to an effect, but their inherent vitality, being confounded with chemical and physical qualities, escaped recognition just as it did the scalpel. The psychic functions, the vibrating vital cause, remained hidden as before. To bring these functions to light, to establish their presence and their action in every individual life, is the mission of the psychology today. The work is in a fair way of advance upon an enlarging basis of solid, scientific facts.

It is characteristic, to say the least, that Dr. van Eeden can in this way voice the sentiments and the experience of a large number of physicians all the world over to whom psychology means more than a curious plaything. We perceive that every day brings us farther from a conservatism that either had no method at all, or, when one was offered, made a wry face and indulged in what was then considered a superior kind of sneer. The subject finds an eager ear now among competent thinkers and practitioners, and has passed beyond the discussion as to whether such facts are reliable. We know they are, and also that they are within the reach of anyone who brings intelligent and patient inquiry to bear upon psychic life. The material is as abundant as the field is extensive. Research of this kind demands many workers and necessarily creates many branches. Our own part, as physicians, is not to engage in speculative philosophy only, but to

apply within practical limits whatever our experience has added to the means of combating disease.

Were we only to accumulate facts and come to a standstill before puzzling theories, we would be no better than the miser hoarding riches useless to himself and others. Once sure of possessing reliable and undeniable facts, theories must take care of themselves and will in due time naturally evolve sound teachings. We have, in the meantime, no right to closet ourselves with our experience, simply because we have not succeeded in elaborating the subtle laws which govern them. The mystery may never be unravelled, and may remain as problematical as the source of life itself. Human existence is too short to permit us to lose any opportunity to better the work we are engaged in. We naturally seek the cause of every effect, and it is plausible that we should endeavor to discover it, but no one will gainsay that we may all the same turn effects to practical account before we fully master the theories of them. That is just the position of suggestive therapeutics today, not yet an exact science, but decidedly scientific in its methods and success. Just as little as we who practise this branch of modern medicine do so to the exclusion of the ordinary methods, just as little do we refute the utility of drugs. We use them because we are convinced by experience of their value, but we are often forced to recognize their failure and are anxious to find a better substitute for them. We are equally convinced that the psychic agent removes physical as well as mental obstacles in many instances where the medicines which we relied on were disappointing.

There is a particular interest in the emphasis with regard to strengthening the patient's conscious will instead of constantly substituting for it a foreign one. This has ordinarily been a point of crude misunderstanding with many. Psychic no more than general therapeutics need go to the necessity of forced feeding. An exhausted system is taught to take its nourishment, whether mental or physical, by what might be called infused volition which permits his own to play both a receptive and an elective part in the process. There may be many reasons why the individual fails to assimilate at once, but the resistance is rarely of long duration.

The fact also that unconscious sleep is unnecessary in the majority of cases may surprise those whose ideas of suggestive therapeutics are based upon public exhibitions of hypnotic phenomena. Just as in ordinary practice patients are only occasionally

submitted to the influence of ether, so also here we may dispense with making the body and the will negative to the extent of unconsciousness. The logic and simplicity of these proceedings ought to commend themselves instead of repelling sympathy. The instinctive impulse which causes desire we will find more potent than the will. A patient's desire to get well has reached the stage of practical incentive when it induces him to confide in a physician, but although his desire has been embodied in a strong motive, his active self-consciousness stops there, and the volitional process lacks firmness as well as ability to become active at the proper moment. Therefore his will may remain feeble at the same time that his desire is strong. Under such circumstances he brings to his physician the very elements which, if intelligently understood and applied, cause an equalization of the psychic functions, thereby establishing the equilibrium of nervous force.

If, on the contrary, a comprehension of what is meant by psycho-therapeutics is one-sided and superficial, and one should indiscriminately attempt to produce the unconscious condition, in most instances the result would be that one would be found battling against a weakened desire and an obstinate, even hostile, will. It would, then, surely be fair to surmise that the non-success was due more to our limited resources than to any original difficulty. Such cases are somewhat frequent, and we suspect that the method has done much to render both the physician and his patient weary and discouraged at the same time, as it may have brought the efficacy of the curative agent itself into temporary discredit. Most morbid mental and physical conditions may serve as examples, but among what is termed bad habits, that of morphinism forms a singular exception. Excluding advanced cases, we refer to those who stealthily indulge and furnish themselves plenty of good arguments for so doing. Here the desire as well as the will to stop the practice is blunted. Such a man is irresolute because he knows that the poison is a necessary stimulant. As a rule, he is of a high-strung nature, with aspirations which are continually in conflict with commonplace surroundings. Of good social position, his intellectual work is often of a high order, and must be attended to even when the organism cries for rest. The difficulty consists in awaking the unfortunate's desire, and then his will, to get rid of the habit. How soon a suggestive treatment will be able to remove these obstacles depends

upon circumstances; but it does not become necessary to isolate the patients in ordinary cases.

There is one point toward which observers have not always sufficiently directed their attention although it is closely connected with psychic functions and, undoubtedly, has often enough presented itself to most investigators to elicit its recognition. We refer to thought-conveyance as a force in suggestive therapeutics. The audible word is used, and must as a rule serve in all cases in the beginning, but even that, as we know, is inefficacious until a receptive although perfectly conscious condition is established. The impressive state thus created will then admit of seizing the unspoken suggestion, which naturally imprints itself so much more strongly if it is in harmony with the ideas desired to be conveyed to a patient. Of course, this depends upon the individual's degree of suggestibility and the physician's aptitude for mental centralization. But this fact seems to have been generally overlooked or, at least, its practical value has hitherto been somewhat underrated. An illustration of this may be taken from my last day at Nancy Hospital, about five years ago.

Following Professor Bernheim on his morning visit through the wards, we were as usual spending some time experimenting upon his great subject, Henriette, so well known to visiting physicians. Leaving her at the first bed in the hypnotic state, we proceeded toward the other end of the ward. During all this time the woman would continuously answer the professor's questions to the other inmates. The logical connection between question and reply was not once interrupted. As the distance became greater, and her words consequently became confused, I felt anxious to ascertain whether the correctness still existed. Placing myself as far from Bernheim as possible without losing the sense of his words, I became convinced that she was able to understand him although the distance was almost double. When near her I was able to hear his voice, which was low, but not to distinguish a single word. Calling the attention of a visiting Russian colleague to this circumstance, I asked him to stand midway between us and to repeat the professor's questions to me in German. The result proved beyond a doubt that she caught easily and clearly the sense of his words. Walking home with Bernheim, I mentioned my experiment to him, and in giving my opinion of the phenomenon, I think I called it telepathy. Strangely enough, he would not accept this and assured me that

he had never succeeded in obtaining the desired effect by thought-suggestion alone. Nevertheless, he recognized the fact as related and explained it as due to induced hypersensitive audition, indisputably present in this woman's case, but the question which I then tried to settle was whether the phenomenon did not depend more upon the coming into play of a psychic function than upon an extraordinarily acute sense of hearing.

Having repeated this experience in daily practice, my esteemed teacher's explanation has proved itself only half the truth, because thoughts have actually been answered. Either a patient when in a somnolent state would suddenly ask, "What did you say, doctor?" or, where the comprehension was more distinct, "Yes, I will try," etc. How concentrated the mind would be upon the suggested ideas may be inferred from the fact that external noises, such as passing cars, the ringing of the door-bell, or knocks at the office door, often for long intervals were not perceived by the patients. Thought seems therefore to be a no less potent factor because speech does not convey it, if the ability of projecting and receiving it exists.

It can be but a question of time when in this country also, universities, hospitals, clinics, and extended private practice shall give physicians and the public the same facilities and benefits as older seats of learning now do in Europe in regard to suggestive therapeutics. In the first place, tolerance as to ideas is the only way to reach a correct and fruitful understanding of the principles underlying psychic life and functions. Next, psychology cannot be classed among positive sciences, and efforts to do this have retarded results if not obscured the way to them. For the easy-going majority, that waits until pushed forward and has to be assured that such studies are perfectly "respectable," and need neither to be abhorred completely nor approached after the fashion of Nicodemus, no further excuse exists for retaining its present ridiculous attitude, and those who have already been benefited may yet find moral courage to bear testimony to their profitable heresy. The first step to inaugurate this mental progress should belong to the medical profession, which, no doubt, procrastinates only to instruct the better.

SUGGESTIVE TREATMENT IN REFORM WORK. MORAL IDIOTS AND OTHERS.

IN 1884, Auguste Voisin, physician at Salpêtrière, Paris, first attempted to use hypnotic suggestion in mental diseases. The case was that of an insane woman who was maniacal, had hallucinations of hearing, was absolutely incoherent, and filthy in words and acts. Her accesses of fury were calmed by plunging her into hypnotic sleep only to reassert themselves with unbounded violence upon awakening. Then moralizing suggestions were made during the sleep and with a surprising result. The woman became rational, obedient, laborious, and both in thought and behavior a moral example to her surroundings. It proved to be a radical cure and she was given a position as nurse in one of the Paris hospitals, where she has fulfilled her duties to the complete satisfaction of her superiors. Since then, many well authenticated cases of a similar nature are reported, which have clearly demonstrated that insane persons can not only be hypnotized but also cured by the process. Psychological insight and prudence on the part of the physician, together with great expenditure of time and patience, are required. Taking these facts into consideration, have we not here a powerful moralizing agent that ought to gain admission also to our reformatories and penitentiaries? The problems of our social work are surely beset with great difficulties, and the present means have not always proved sufficiently effective. The rational way of looking upon hypnotic suggestion is that it differs only in degree of intensity from that usually employed by school and reform. In substance they are alike.

Our criminal population is an outgrowth of misspent childlife, the early stages of which educational influence is called upon to develop and to suppress through moral, intellectual and physical means. Its broadened theories embrace every child-character individually. It is both a science and an art, endeavoring to adjust opposing elements and blend bodily health with mental and moral strength. Leibnitz said that he who masters edu-

cation masters the world. The truth of this we become cognizant of through our failures. The complex study of heredity alone is to the educator more a source of despair than encouragment. The inherited tendency may be of a surprising vehemence, and the latent germ invisible, and yet, nourished by many generations, bursts forth with seemingly unconquerable strength.

We do not share the opinions of criminal anthropology, especially the Italian school, that declares itself helpless to grapple with the heredity fatality. Such conditions of helplessness open up a future of habitual crime. Criminality thus becomes a diseased state, an incurable neurosis, which has the dangerous excuse of incurability. Thereby we are brought face to face with a large number of criminals, who are victims of degeneration and contaminated will, irremediable by any means hitherto adopted and employed. Through all our honest endeavors and discouraging failures we still cling to the hopeful doubt that perhaps heredity, or acquired perversity, may be strong only in proportion to the inadequate means of opposing the bad influence.

Industrial schools have proved their superiority over disciplinary and reformatory schools, because here the morally smitten children are offered the *earliest* opportunity to counteract the predominance of inherited vice by preventing rather than correcting evil. Nevertheless, the noblest efforts are constantly baffled, but will not allow themselves to be weakened. Searching for new means, the scientific study of psychological possibilities has finally enabled a plausible idea to become a demonstrable fact. Hypnotic suggestion, which has unlocked many and varied sources of benefit to sufferers, today takes rank as a most valuable auxiliary to educational reform. A few examples may substantiate its claims to attention and sober consideration.

A boy, aged sixteen, was sent to Dr. Voisin. His character had grown more and more unbearable, especially from his seventh year. He had been returned several times from various institutions as incorrigible and on account of being a bad example to others. He was spoken of as cruel and malicious, a liar and a thief, and had recently robbed his mother under peculiar circumstances to satisfy his base desires. The third attempt to hypnotize him was successful, and the result of the given suggestions was that he discontinued to steal. A treatment was given every three days, and after five weeks he appeared completely changed, having no desire to do evil, and was obedient and kind to his

mother. Later investigation found the boy's moral character good and no relapse had occurred long after all suggestive treatment had ceased.

Dr. De Jong of The Hague, Holland, whose experience is very extended, reports, from both his hypnotic clinic and his private practice, numerous and durable changes of many vices in depraved children.

Dr. Wetterstrand of Stockholm, where he has a large clinic for hypnotic suggestion as therapeutic treatment, brings the same testimony, according to which early vice has been checked and eradicated without injury to other faculties.

Dr. Liébeault of Nancy gives many examples of children, who, in spite of the greatest care and effort on the part of parents and teachers, were behind in intellectual and moral development, but finally improved by hypnotic suggestion. The most remarkable is probably the case of a young idiot who never had been able to read or reckon, and who, after the lapse of two months, learned the alphabet and the rudiments of arithmetic. Similar results he has obtained in cases of vicious, impulsive, obstinate and lazy children.

These cases, embracing intellectual and moral idiots, alike, are facts of rare merit and most serious importance, commanding the attention of all those who have at heart the welfare of future generations. It is, no doubt, unnecessary to remark that the hypnotic suggestion does not regard normal children, as those belong to the care of educational teachers. Only when, for some reason, no impression can be made upon the individual in the waking state, the sleep suggestion is justified as possessing greater effect. The hypnotic suggestion is, therefore, to be used only when all other means have failed; we know that, even then, its field would be large.

Hypnotic suggestion creates nothing. It revives or deadens the spark for good or evil, latent in every human breast. It rushes to the rescue of the better self, and forces into the background all lower instincts which ordinarily enfeeble and obstruct a healthy moral growth. As before said, its intensity is greater, its penetration deeper, than other means afford. The method is a natural one, and we have been subject to its influence before our birth through maternal impressions; so also in our early child-life, which imitates before conscious volition grasps the intellectual purpose. As Professor Bernheim has feelingly said, the mother is the most beautiful illustration of suggestive power.

The student of the world's progress knows that what is rightly understood by hypnotic suggestion has today passed out of the domain of fancy and charlatanry. The theoretical opinions of those who merely believe this or that without practical knowledge has no value in the eyes of science. It is thus known that the individual will under hypnosis suffers no more harm than the body from an anæsthetic while the surgeon operates. The obstacle, which would prevent the best result, is but temporarily removed. If improperly applied, hypnosis may prove injurious, but it is so with all things in educational matters as well as in medicine. He who administers ether need not be a surgeon, and yet we would not select for that office a man that was ignorant of surgical principles. It may be an apparently easy thing to produce the condition necessary to suggestion, but an inexperienced, not to say a malicious, person is not therefore a desirable or admissible practitioner. He might, perhaps, without any mishap, produce anæsthesia, but how would he operate? There is no more improvisation in hypnotic experiments from the medical point of view than in any other serious and responsible occupation. Even if he may be a physician, he is not able to perform an operation of any importance as well as a surgeon who, through practice, has acquired the needed skill. This applies to hypnotism and hypnotic suggestion in the same degree, and it is one of the principal reasons why so few physicians understand it, and do not succeed when they superficially make a trial. One might term it a more refined and higher degree of brain surgery, a kind of mental orthopædics. As a valuable branch of modern medicine, it demands the knowledge that study and practice give, and not the mere smattering of worn phrases glibly explaining (?) curious parlor experiments without a psychological basis. The views of modern research upon this subject have been more fully set forth in my former articles upon therapeutical suggestion, and need not be further alluded to here.

Moralists admit that psychology forms a necessary and important auxiliary to their science. The physician who recognizes that fact can save much private and public misery by rendering an early assistance, and at a moment, perhaps, when a life's future is in the balance. As the true educator must be a psychologist, so the physician ought to be one. Modern medicine has entered upon a new era, and no longer is material research extolled at the expense of that more subtle one which

studies man's inner being. The use of a psychological factor does not interfere with the freedom of will, as Kant's moral principles are not violated by imposing upon either child or adult ideas not already existing as germs. Calling forth the best in human nature by rescuing it from the encroachment of its inherent subliminal baseness is, indeed, to respect individual will. By strengthening man's better nature, he becomes a better judge of good and evil. It is, therefore, but pleading for the outcasts from our social world when an appeal is made that this new agent might co-operate to solve a problem of so much importance. It is more than a plausible idea. Years of laborious research have proved its practical value.

Men foremost in scientific pursuits have testified to the legitimacy of its claims. When the public has learned of this, when idiosyncrasies are set aside and systems become dependent upon their beneficial soundness alone, there will be a demand for the application of this agent to many of those plagues which now but seldom receive alleviation. The public must look with consternation at the rapid increase of its insane population, at the multiplying of criminal progeny, and shudder at statistics which, for Massachusetts alone, for instance, give one suicide for every 225 individuals, and one death from brain disease in every ten persons. Cognizant of such facts increasing rather than decreasing, animated by humane aspirations to stem the tide, knowing of a potent but hitherto untried remedy to cope with the misery extant, the public will not refuse its sanction to try the salutary agency of hypno-suggestion, and thereby be able to judge of its merits as a social safeguard. The decision as to its intrinsic value cannot be reached through rhetorical efforts, but through sober and impartial application, testing the claims advanced, as now is done in regard to sanitary methods, vaccination and quarantine.

POST-HYPNOTIC RESPONSIBILITY.[1]

THE jurisprudence of Kansas has in these days given the country a solemn demonstration of applied psychology by sentencing to death not the murderer by fact, but the instigator of his crime. Hypnotic influence is said to have been exercised, and on the strength of this the murderer was declared irresponsible. His tempter went about it in a cunning though crude way, but none the less effective. He attacked a vulnerable point, love of name and home, pretending that the wife had been villified. This prepared the mind. His verbal suggestions afterward did the rest, and the indignation and anger ripened into crime.

Here we have to deal with a state of somnambulism. Those who observe and study these phenomena know that it is not the sleep that characterizes somnambulism, as it also has a waking state. The person must necessarily be suggestible. In certain

[1] This article was written in January, 1895, at the request of the Editor of the Boston *Evening Transcript*, who desired expert opinion in regard to the decision of the Lower Tribunal in Kansas, declaring innocent a murderer, who had acted under the influence of hypno-suggestion, and sentencing to death the instigator to the crime. The Superior Court sustained the verdict in April, 1895.

The facts in the case are that on May 5, 1894, at Winfield, Kansas, Thomas McDonald shot Thomas Patten fatally, but pleaded in extenuation that he was at the time hypnotically influenced by Andrew Gray, who was found guilty of murder in the first degree.

Although this case is one of the most extraordinary in American legal annals, it has had, however, its predecessors in the law courts of continental Europe. It is no new principle in law that the man who promotes and procures a murder to be done by another, is as much a murderer as he who actually took the life of the victim, but it is a higher and more difficult degree of legal justice to recognize and exonerate from guilt his instrument, than to condemn both, even with varied severity. At the present time, we do not possess any work on Legal Medicine treating profoundly and scientifically this point in law.

The continuous advance of psychological study will undoubtedly soon make such a work a necessity, as the older ideas of testing relations between cause and effect are inadequate to establish responsibility. Foremost among European works on this subject, we may refer to *De la suggestion et du somnambulisme dans leur rapports avec la jurisprudence et la médecine légale.* Jules Liégeois, Professor in the Faculty of Law, at Nancy, France. Paris, 1889. AUTHOR.

individuals this condition presents itself with great facility, almost spontaneously. There is consciousness, but another than the one exhibited in daily life, one in which the reasoning faculties are lessened or absent, while the imagination, spurred and nourished by suggestions, even auto-suggestions, takes command. It is, in fact, another being whose moral resistance has been diminished by natural or provoked somnambulism, and thus impelled to acts of which the normal life was innocent, absolutely or in a high degree. This double personality we all carry with us. We may be known as Dr. Jekyll, but we might, under adverse circumstances, introduce ourselves as Mr. Hyde. Let us remember that the hypnotic suggestion *never* creates but merely develops the germ always present though imperfect. We know that this state can be induced by comparatively insignificant circumstances, can change back and forth under impressions received from external scenes, under the guidance of a well directed and firmly concentrated will, verbally or mentally.

Here, the original impression of received injury was made more vivid and forcible by a growing need of energetic self-protection, and the fatal purpose was further fostered and fixed in the mind by various correlative facts, for instance, the shooting practice. The initial deficiency of motive force had been overcome. Just as his personal interest had served to rivet the attention, so it was strengthened by repetition and finally brought to a climax in a resolution to commit the act. It is in this resolution we find embedded the whole process of volition, as at this point there is not only a motive but a desire to act. There is also anticipation of a result which has been prepared, and therefore from that moment the purpose cannot miscarry or end in a failure. The other self has emerged. The sub-region that existed as primitive material appears as a distinctly conscious existence. The hitherto unknown personality has been moulded for the crime and the murderer lies in ambush.

The question now arises, "Can a morally sound person, either in the waking or sleeping hypnotic state, be induced to commit crime by suggestion of another party?" The Kansas jury has admitted that criminal suggestion is possible, and the schools of Nancy and Salpêtrière both support this view. The Supreme Court will now have to decide whether a criminal suggestion can affect an honest person.

Five years ago the answer to these questions would have been

negative, but today the weight of evidence makes it affirmative. In the *cause célèbre* of the associates in murder, Eyraud and Gabrielle Bompard, at Paris, the latter was said to have become accessory to crime through Eyraud's hypnotic influence. In pronouncing sentence of equal responsibility before the law, the presiding judge declared that an honest subject resists a dishonest suggestion. If he obeys, it is not because his will is subjugated, but because he consents. Crimes can only result from experimental cases in clinics and hospitals and after long manipulation. If the individual yields to the crime suggestion, he becomes cataleptic in the moment he attempts to commit the act.

This high judge further said that in pronouncing sentence he remained indifferent to all scientific and philosophic consideration and was guided only by his desire to defend society in general. Were he to accept the plea of irresponsibility for an act accomplished under the irresistible influence of a suggestion, it would be to plunge said society into anarchism of unpunished crimes. This dictum must have been inspired by the psychological experts opposed to the opinion of the Nancy school, and Charcot's name has been mentioned in this connection. It looked as if the Salpêtrière school had scored a victory, but it soon became apparent that our judge had prepared for it a signal defeat. In fact, from that day its prestige suffered, and many who had previously sided with Charcot turned to Bernheim and his school, which to day numbers the majority of earnest and enlightened observers. The study now received a new impulse, and the problem that confronts us today is in regard to the degree of resistance which an individual can attain under criminal suggestion.

It seems today sufficiently demonstrated by both schools alike, that an honest person *can* be influenced to commit crime. There may be hesitation and remorse, but the act is most assuredly done. If often subjected to the same influence, the resistance diminishes, although even then he must finally obey the irresistible force. Often this delay may be caused by doubt on the part of the one who makes the suggestion, or because he involuntarily or carelessly has given a counter-suggestion. A long interval between suggestion and execution may seem to efface, but cases have proved its vividness and thoroughness even to minute details after a year had elapsed. It is an error to generalize this resistance, as it varies according to the nature of the suggestion and the state of the somnambulist. Auguste Voisin, doctor at the

Salpêtrière, demonstrated a few years ago the above-mentioned judge's pompous conclusion a profound error. Before three learned judges hidden behind a screen, he hypnotized an innocent young fellow and suggested to him to murder a patient in the ward, with the result that he buried his knife in the sawdust of a manikin. He then walked quickly away, without becoming cataleptic, as was expected by the legal luminaries. Three days later he came to the doctor, full of grief because he thought he had committed a murder.

The majority of observers agree that in certain individuals there exists complete automatism, whereby consciousness is totally suspended and the impulse to act an irresistible one. A very few still hold that the abolishment of moral liberty is but fictitious, that the subject discusses the value and the gravity of the suggested act, that he is *compos sui* in spite of appearances, that he can control himself if he wishes, and is, therefore, responsible. To this can be answered that if a subject could be made to do only what was agreeable to him, such a fact would refute the existence of psychological automatism which is characteristic of the hypnotic state. Later, Charcot had also to admit that although an honest person may resist suggested crime, he finally commits it. Professor Pitres of Bordeaux holds that the physician who is asked to give his advice as to the degree of responsibility of a criminal by suggestion, ought always to insist upon his legal irresponsibility.

MUSIC NOT SERMONS IN INSANE HOSPITALS.

A RETROSPECTIVE glance upon the former conditions of the insane calls forth a warm appreciation of modern efforts to ameliorate the physical, as well as the mental, state of this unfortunate class. The time of dungeons and chains, filth and brutality, hand in hand with ignorant ideas as to the proper means of combating the disease, has given way to airy and scrupulously clean dwellings, a never ceasing endeavor to reflect the kindness and brightness of better fated lives, and thus to comfort and rekindle fading intellects. Our civilization pays in this manner its debt to victims of its own creation, to all those whom the avalanche of aspirations, both surfeited and starved, have maimed or crushed. Every day inaugurates some methods of reaching the wants of this class, and it is characteristic of our time that they are preventive as well as restorative. We may also say that sentimentality—the disappointing outcome of a former brutality—has collapsed with the failure of exclusively moral treatment carried to an extreme. The spirit of sentiment is left, embodied in a practical and broad form, which permits both restrictions and enlargements bearing upon general principles rather than idiosyncrasies. The medical superintendence, therefore, has by its side a select body of citizens presumed to be sensitive to rational reform, and expected to consider only the intrinsic value of any means which might serve mutually to facilitate a humane work.

It may have occurred also to others, who either have been occasional visitors to insane hospitals, or directly connected with them through active work, that the strictly religious feature of these institutions is of a decidedly non-committal character. It is a part of the programme hitherto undiscussed and undisturbed in its relations to place and circumstances. A question which might arise in regard to its existence is whether religious services may be considered useful or merely ornamental.

We admit that whatever is done by a community for its members should give them the greatest satisfaction and leave in the homes of the afflicted ones a feeling of confidence concerning the

discharge of public duty. It is, however, quite another thing if that same community, out of deference to traditional usage and in obeyance to its conservative spirit, would retard whatever might be more in keeping with modern views and practical philanthropy. In our opinion this would be the point to argue and the question to decide with respect to the present preaching to insane congregations.

It must be borne in mind that insane hospitals are neither reformatories nor prisons, where we may hope that the ethics expounded will germinate and influence a later social life outside of those precincts. We might just as well hold to the former belief in exorcising evil spirits by spiritual therapeutics. In appealing to a rational consideration of this decidedly useless expenditure of energy and sentiment, we mean no irreverence to any creed. The minister may be a welcome visitor as long as these asylums continue to be also refuges for inebriates who are yet susceptible to spiritual advice and comfort. We mean distinctly their *insane* population, as being unfit for his reformatory or comforting work. Any minister who has performed this duty must certainly, at the sight of his queer and unbalanced congregation, have experienced a feeling of despair at a task which cannot differ from that of the Danaïdes and their delusive hope of final success. He would, perhaps, also confess to a peculiar perplexity with respect to his individual fitness for delivering a sermon to those who are justly considered alike unable to profit by a scholarly or a simple address. With scarcely an exception, anyone who has been a listener on such occasions, would sympathize with him in his embarrassing dilemma, whatever the insane themselves may think of his effort in their behalf. Now the undertaking of furnishing religion to those who under such circumstances could not possibly derive any benefit therefrom, must be considered a somewhat misdirected public duty, which becomes even more objectionable when, from a spirit of impartiality, this purpose necessitates an array of creed and sect, in some hospitals represented by four or more ministers of as many denominations. If the insane inmates, therefore, do not profit by such a system, and there is still some advantage in it, then either the ministers or the institutions are the beneficiaries.

Should its maintenance give us satisfaction on chiefly æsthetic grounds? Impossible. It would at best either be bigotry or sham to make believe that this would enhance the value of these

institutions, and that without it they would fall into discredit. We doubt if anyone would have the courage openly to advance an idea so preposterous and fanatical. As a mere ornament, a religious service would under such circumstances be but a grinning caricature, and one might equally well intimate that going to church for the purpose of seeing and being seen was a laudable religious instinct. These institutions, being dedicated to the alleviation of human misery, are in themselves religious monuments in the highest sense, and are pervaded with a genuine religious spirit when they carry out that noble aim tenderly and honestly. They need not give any extra assurance thereof and emphasize that truth by a *quasi*-æsthetic label, and the sooner such an understanding is reached, the better for the community at large, and for those whose duty it is to attend to its interests. We fondly believe that any ecclesiastical body will support our view.

The question as to whether this useless custom might not also be injurious seems unavoidable, and yet it need not be gone into at present. Were a census to be taken of the unbiased opinions of the medical superintendents in the United States and in Europe, our exchanges with several well-known alienists render us confident of the fact that their replies would not be equivocal. By the modern treatment of insanity all exciting influences are carefully avoided, and on that ground no chance of recovery is neglected, always bearing in mind that a very prominent factor in the production of insanity is the absence of proper mental discipline and lack of control over the passions and emotions. Consequently there does not exist any coercion as to their presence at the religious services in insane hospitals, but in general those who are considered safe are admitted. Medical prudence, therefore, lessens considerably the risk of any emotional shock to their irrational brains. However, it cannot be overlooked that the risk exists, and would therefore necessarily be ever ready to take effect from even the slightest cause.

Of all agents able to soothe and comfort a nervously strained and vaguely conscious mind, musical harmony stands assuredly foremost. The power of its influence has been recognized as far back as the human record of fact and fancy. In the Egyptian temples the cure of nervous disorders depended largely upon it; an Orpheus subjugated the ferocious animal creation. David dispelled by his playing the gloom and frenzy of an insane Saul, and

so on. We are all conversant with the fact, but we have hardly utilized it to its full extent. A step in this direction we witnessed some years ago in a London hospital, and, if we are not mistaken, a minister inaugurated it. The idea was to try the effect of music upon the sick. In a general sense it may be said that the music furnished by these Cecilia concerts was a wonderful comfort to the sufferers, whether it manifested itself by a listless or an eager attention. The experience proved, however, that for its successful application the music had to be individualized by adapting a different kind to each class. Already, from the outset, all stereotyped sentimentality was discarded, and it was clearly understood that there should not be a monopoly of sacred music merely because the audience was composed of invalids. It was simply carrying out an intelligent humane thought bent upon deriving the best results by the most practical means, and a study in which all could join with an honest endeavor to solve the problem. This disposition not to impose upon the feelings of their charity-guest by giving him a hymn when his condition required a sprightly melody by Strauss and *vice versa*, seems to be the only laudable way of dispensing a good thing and of preventing its being spoiled by settling into ruts.[1]

There is nothing very different to be said with regard to an insane audience. The fundamental fact exists in this case also, and by making an intelligent study of individual needs, no complicated classification would become necessary to bring the beautiful treasures of music to souls that words cannot reach. The musical sense of insane persons is rarely impaired as an impressional factor, but, on the contrary, is often a very marked feature. A well-known psychiater, Dr. Wildermuth-Statten, has recently observed a number of idiots with the result that out of 150 such children and adults only eleven per cent seemed to lack completely all musical aptitude, while a third manifested it in an unmistakable degree. Even where there was complete idiocy, among thirty he found an absence of all reaction indicating pleasure or

[1] The *Medical Magazine*, England, has lately given some details in regard to more recent results obtained by the society known as "Guild of St. Cecilia," endeavoring through music to relieve or cure diseases in private or hospital practice.

In one hospital 50 per cent gained sleep; in another the temperature of seven out of ten fever patients was lowered and became almost normal whenever suitable music was performed. The experiment seems, so far, to have proved satisfactorily that music exercises a considerable influence upon the nervous system, the digestion and the circulation. AUTHOR.

annoyance in only five, and yet he is led to believe that these received sound-impressions. All the others expressed the musical influence by sympathy or antipathy, according to the choice of subject.

Surely this investigation encourages rather than limits our field of activity in behalf of sufferers, be they sane or insane. There is no doubt a great deal done at present in every insane hospital toward the entertainment of its inmates in musical as well as in other directions, and in some instances the appropriations are not stinted for that purpose; but still we hold that a great deal more can be offered, beginning by removing what is but the legacy of routine thought or misunderstood kindness. It need not swell the expenses to any alarming extent either. Why should not, for instance, the attendants, male and female, form a singing society? It would be a pleasant distraction from their dreary task, and by providing for their patients a source of enjoyment, they would at the same time fit themselves better for the monotony of their duties. This seems at any rate one way of approaching the problem, both agreeably and practically. Also, in a city where so much music is given to the inhabitants, there would be nothing Utopian in wishing it extended to lessen pain and to illuminate, were it but for a few moments, minds which are clouded and ill at ease. The medical profession would welcome such delicate aid, and assist the effort with heart and soul. This future "music mission" would, with the already existing "flower mission," present a graceful pair, whose proudest adornment would be the thanks of thousands.

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